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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: Brand Portfolio, LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Guthell Name of Person
Brand Poafolio, LLC Firm/Company
2801 ME 18310 St Swite 503 Address
AVENTUVA, FL 33160  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Guthell at (305), 240-937 R. Name of Person  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\Bigcup \$55 Filing Fee & Certified Copy

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2017

JESSICA GUTHEIL 2801 NE 183RD ST, SUITE 503 AVENTURA, FL 33160

SUBJECT: BRAND PORTFOLIO, LLC

Ref. Number: L16000009750

We have received your document for BRAND PORTFOLIO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 817A00012234

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ime of the limited liability company: Brand Port Folio LLC
2. (a)	(b)
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)
	01/14/201ce <u>L16000809750</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Jessica Buttheil  Resident Agent and Registered Office about on the counts of the Florida Date of State  Resident Agent and Registered Office about on the counts of the Florida Date of State  Resident Agent and Registered Office about on the counts of the Florida Date of State  Resident Agent and Registered Office about on the counts of the Florida Date of State  Resident Agent Agent and Registered Office about on the counts of the Florida Date of State  Resident Agent
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	334 Antiquera Ave Apt 14
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	AC 2 70
	Corai Gables FL 33134 SE 5 M
/h)	
(b)	Enter name of NEW Registered Agent and/o NEW Registered Office address
	2801 ME 1831d Street Silve 306
	NEW Registered Office Address:
	Aventura = 331100
	Aventura FL 33160
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Sional	ture of a member or authorized representative of a member  Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.  (1) (1) (2) (3) (3) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00