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(Req	uestor's Name)					
(Address)						
(Address)						
(City)	/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to F	iling Officer:					

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COVER LETTER

TO: A Registration Section Division of Corporations									
P-101 C 1									
SUBJECT: PEARL CARL Name of Limi	ted 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:									
John La Galants Name of Person	-								
PEARL CERTIFIED Firm/Company									
853 VANDERBILT BEACH RD #206 Address									
WAPLES FL 34108 City/State and Zip Code									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
John LAGALANTS at (23	9 910 - 0965								
Name of Person	Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS:	MAILING ADDRESS:								
Registration Section	Registration Section								
Division of Corporations	Division of Corporations								
Clifton Building	P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
	☐ \$55 Filing Fee & Certified Copy								

INHS18 (2/14)

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.

	u.			•			
1. Na	ame of the limited liability company:	<u>ر</u>	BRTIF	-15D	· · · · · · · · · · · · · · · · · · ·		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	6 (b		Mailing addr		d liabili	ty company:
	NAPLES FL 34108		NA	OLES	FL	39	1108
	1/14/16	-	L16	000		18	47
3.	Date of filing/registration in Florida	4.		Documen	t number		•
5. (a)				_			
	Registered Agent and Registered Office shown on the records of the F	Florida	Dept. of Stat	te:			
	JOHN LA GALANTE			_			
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS	<u> </u>				
	836 BANTWOOD DR						
	NAPLES, FL	34	80%	_	era ware a) 201	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ice add	iress:	-	PETARY O	HI 25 TO	ayrayan Gragan
	NEW Registered Office Address:			-	FI.0	ىپ	
	853 VANDERBILT BEACH R	D =	±206	-	F STATE FLORIDA	ٿ ٿ	
	NAPLES ,FL	3	4108	_			
the char agent w was/we	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities are authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	regis ity co e limi	tered officempany, it i ted liabilit	e and the b s hereby co y company	usiness of onfirmed t	fice of hat the	the registered change(s)
			54N	140	MLAN	778	
-	fare of a member or authorized representative of a member				yped name o	•	
I nereb provision the obli to mere notified	by accept the appointment as registered agent and agree to the proper and complete per ligations of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for elly reflect a change in the registered office address, I here do not the change.	o act forma r in C by co	in this cap nce of my hapter 605 nfirm that	acity. I fun duties, and 5, F.S. Or, the limited	rther agred I I am fam if this doc I liability o	e to co iliar w ument compai	mply with the ith and accept is being filed ny has been

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

Signature of Registered Agent