## 46000037616

(Re	equestor's Name)	
(Ac	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Briolewas Real Estate Compa		
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:		
Novica Sierrera		
Name of Person		
the Brislewoos lead Estate Company UC		
Firm/Company		
297 8. Hwy 50 State I		
Address		
11746 /7 24anobs		
City/State and Zip Code		
Movicas office living. com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Musica Sierrer an 352, HOH 6484		
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 \$\square\$ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

submits Florida	ant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the state of the following statement in order to change its registered office or regard.  The Bridge State of the limited liability company:	gistered agent, or both, in the State of
2. (a)	Principal office address of limited liability company: 34711 (b) 3978 M	Hlw So Suite 2 el Carrior l'ailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.		Document number
5. (a) (b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  3H5 N Hwy 37  Cleanor ,FL 3H711  Enter name of NEW Registered Agent and/or NEW Registered Office address:	19 NOV -8
	NEW Registered Office Address:  297 & Hwy 50 State I  eleanne , FL 34711	
the cha agent v was/we the arti Signat I heret provisi the obli	imited liability company is not organized under the laws of the State of Floriange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability company of a member or authorized representative of a member of authorized representative of a member of act in this capations of all statutes relative to the proper and complete performance of my diagrations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that the din writing of this change.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  MA CAPONEL - Lott- Printed or typed name of signee

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

Signature of Registered Agent