1600083349				
(Requestor's Name) (Address) (Address)	900301490189			
(City/State/Zip/Phone #)	07/19/1701012004 **25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 17 JUL 19 PH 2: 18 DIVISION OF CONFORMATIONS			
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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.

I. Na	me of the limited liability company: Be Brave LLC			
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2211 GRAND TETON BLVD			
	Melbourne, FL 32935			
	04/27/2016	<u>16</u>	6000083349	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC			
. ,	Registered Agent and Registered Office shown on the records of the	e Florida Dep	t. of State:	
	5237 Summerlin Commons Ste 400			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
			<u> </u>	
	Fort Myers, FL	3390	17 JUL 19 PH CURFUMATIONS	F
(b)	InCorp Services, Inc.		of (19	F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office address		
	17888 67th Court North			
	NEW Registered Office Address:		UH5	
	Loxahatchee, FL,	3347	<u> </u>	
the cha agent w was/we the artic	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li Camer Share ure of a member of authorized representative of a member	he registere pility compa- the limited	ed office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agend

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