Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE R BROOKE PROPERTIES, LLC

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MAY 1 1 2016

J SHIVERS

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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. N	ame of the limited liability company: R BROOKE	PROPER	TIES, LLC
2. (a)	7850 Kipling Street	(b) _	7850 Kipling Street
()	Principal office address of limited liability company:	(*/-	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Pensacola, FL 32514		Pensacola, FL 32514
	May 3, 2016		6000084692
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida De	ept of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tallahassee	, 32301	
	F)	L	6 MAY
(b)	Richard N. Sherrill		55
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	
	125 W. Romana Street, Suite 800		
	NEW Registered Office Address:		S S
	Pensacola	1_32502	
	, F	L	
the chagent	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization of the operating agreement of the first and were authorized.	of the registe liability com of the limit se limited lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signature of a member or authorized representative of a member			Printed or typed name of signee
the or to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide trely reflect a change in the registered office address, ed in writing of this change.	gree to act i le performat led for in Cl I hereby cor	n this capacity. I further agree to comply with the nce of my duties, and I am Jamiliar with and accep tapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signa	nure of Registered Agent		

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