## 11600088480

| (Re                                     | equestor's Name)   |                 |  |  |  |  |
|---|--------------------|-----------------|--|--|--|--|
| (Address)                               |                    |                 |  |  |  |  |
| (Ad                                     | ldress)            |                 |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>e</del> #) |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |  |  |
| (Bu                                     | siness Entity Nan  | ne)             |  |  |  |  |
| (Document Number)                       |                    |                 |  |  |  |  |
| Certified Copies Certificates of Status |                    |                 |  |  |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |  |  |
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## **COVER LETTER**

INHS18 (2/14)

| TO: Registration Section Division of Corporations   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| SUBJECT: ACTIVE BROTHE!   | PS LLC mited 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                                     | r to the following:                    |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| FDIDARD A. KRAUSE   |  |  |  |  |  |  |  |
| FDWARD A. KRAUSE Name of Person   | ······································ |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| ACTIVE BROTHERS LLC Firm/Company  | ·                                      |  |  |  |  |  |  |
| Firm/Company  |  |  |  |  |  |  |  |
| 477E Cievo Cia  |  |  |  |  |  |  |  |
| 4775 FISKE CIR  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| ORLANDO, FL, 32826 City/State and Zip Code  |  |  |  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |  |  |  |
| SDOK 825@ BELLSOUTH,  | NET                                    |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                          |  |  |  |  |  |  |  |
| For further information concerning this matter, please of                                   | rall:                                  |  |  |  |  |  |  |
| ror further information concerning this matter, please of                                   | aii.                                   |  |  |  |  |  |  |
| EDWARD KRAUSE att   | 407 , 580 - 9003                       |  |  |  |  |  |  |
| EDWARD KRAUSE at (  | 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 32301                                     | Tallahassee, Florida 32314             |  |  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |  |  |  |
| \$25 Filing Fee   | □ \$55 Filing Fee & Certified Copy     |  |  |  |  |  |  |

## 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                                    | ume of the limited liability company:Acti  | J &                | BRUTHERS   | LLC   | )<br><del>-</del>                                       |  |
|--|--|--------------------|--|---|---|--|
| 2. (a)                                   | 4775 Fiske Cir   | <b>(b)</b>         | 4775   | Fisk  | e Cir   |  |
| ( <del>u</del> )                         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (-)                | Mailing add  |   | liability company:  **OFFICE BOX**)                     |  |
|  | ORLANDO, FL. 32326   |                    | DISCAPOR   | FL  | 32826   | _  |
|  | 5/4/2016   | -                  | L16600   |   | 180   |  |
| 3.                                       | Date of filing/registration in Florida   | 4.                 | Documer  | nt number   |   |  |
| 5. (a)                                   | EDWARD A KLAUSE  |                    |  |   |   |  |
|  | Registered Agent and Registered Office shown on the records of the   | Florida            | Dept. of State:  |   |   |  |
|  | 8901 HILLSDALE DRIVE   |                    |  |   |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET AD   | DRESS)             |  |   | ,   |  |
|  | ORLANDO, FL. 32818   |                    |  |   | 3, 3  | والمراجع والمعادية   |
|  | ,FL  |                    |  |   |   | Whence rec.  |
|  |  |                    |  |   | 27  | £  |
| (b)                                      | SAME ARENT   |                    |  |   | , D   |  |
| ` `                                      | Enter name of NEW Registered Agent and/or NEW Registered Of  | fice add           | ress:  |   | 1.3   | المراجعة المراجعة<br>المراجعة المراجعة ا |
|  | 4775 FISKE CIT   |                    |  |   | ့ ယ   |  |
|  | NEW Registered Office Address:   |                    |  |   | ~   |  |
|  | ORLANDO, FL. 32826   |                    |  |   |   |  |
|  | . FL   |                    |  |   |   |  |
| the cha<br>agent w<br>was/we<br>the arti | imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the case of a Florida limited liability and the case of organization or the operating agreement of the limited agreement of the limited agreement of the limited agreement of the limited liability accept the appointment as registered agent and agree one of all statutes relative to the proper and complete per ligations of my position as registered agent as provided fully reflect a change in the registered office address, I here | e regist           | rered office and the languary, it is hereby company ted liability company ability company.  Printed or | business off<br>confirmed the<br>y or as other<br>Kraa<br>typed name of | ice of the register nat the change(s) rwise provided in | l<br>  |
| noujied<br>X                             | th writing of this change.   | ốr in C<br>reby co | hapter 605, F.S. Or<br>nfirm that the limited  | , if this doci<br>d liability co  | ument is being file<br>ompany has been                  | ĕd   |
| oignatu                                  | re of Registered Agent   |                    |  |   |   |  |

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