

L16000089104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

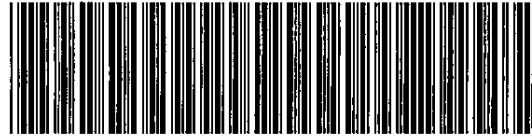
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 MAY - 8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 09 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Check Bros LLC

\_\_\_\_\_  
Name of Limited 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:

Robert Brandon Scott

\_\_\_\_\_  
Name of Person

Check Bros LLC

\_\_\_\_\_  
Firm/Company

15990 Deer Trail Ct.

\_\_\_\_\_  
Address

Chesterfield, MO 63017

\_\_\_\_\_  
City/State and Zip Code

checkbrosllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Brandon Scott

at ( 314 )

800-4181

\_\_\_\_\_  
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

☐ \$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. Name of the limited liability company: Check Bros LLC

2. (a) Check Bros LLC (b) Check Bros LLC

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

15990 Deer Trail Ct.

Chesterfield, MO 63017

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

15990 Deer Trail Ct.

Chesterfield, MO 63017

5/5/2016

L16000089104

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agents Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Inc.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

3030 N. Rocky Point Dr., Ste 150A

Tampa, FL 33607

(b) Robert Brandon Scott

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Check Bros LLC

NEW Registered Office Address:

13060 W. State Rd. 84

Davie, FL 33325

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R. Brandon Scott

Signature of a member or authorized representative of a member

Robert Brandon Scott

Printed or typed name of signer

*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.*

R. Brandon Scott

Signature of Registered Agent