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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Brodies Construction, LLC Name of Limited Liability Company						
Dear Sir or Madam:	e of Billines blassing company					
	ing Change and foo(s) are submitted for filing					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
David Brodowsky Name of Person	<u></u>					
Brodies Construct	tion 110					
Firm/Company	11017777					
LINCE EN T						
660 SE 54h Terraci	<u> </u>					
						
Pompano Beach, FL City/State and Zip Code	33060					
1.4						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
_						
David Brodowsky at 661 810-3659						
Name of Person	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					
™ ⊅79 rumg ree	a \$55 rang ree & Celuned 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	ame of the limited liability company: Bredies	Const	rustion, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liabil	• • •
	Pompano Beach, FL 330	PO	(Aute. Mail DE LOST Of L	
3.	May 11, 2016 Date of filing/registration in Florida	4. L1 6	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of S	State:	
(b)	Registered Office Address (MUST BE FLORIDA STREET A LOCAL SPRINGS .FL. Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 660 SE 5+1 Terroce	Office address:	DER RELIE A II: 45. CASTARY OF STATE CHASSES, FLORIDA	5
57	Pompano Beach FL		_	
the cha agent v was/we the arti Signa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member observed the appointment as registered agent and aground of all statutes relative to the proper and complete iguations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of the proper and complete in the registered of the proper and complete in the registered of the proper address, I have a change in the registered of the proper address.	the registered off ability company, if the limited liability company of the liability company of th	it is hereby confirmed that the lity company or as otherwise company. Printed or typed name of signal apacity. I further agree to company.	of the registered the change(s) the provided in the comply with the
nonne	regulous of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	hereby confirm th	at the limited liability compo	any has been

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