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(Re	questor's Name)	- 11-
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(Cit	y/State/Zip/Phone	<del>:</del> #)
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ALLAHASSEL TLORIDI

MAR 0 8 2017 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: BRIN	JCOLINES DE VO Name of Li	LUSIA L.L.C. mited Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspond	Please return all correspondence concerning this matter to the following:				
<u>Deyani</u>	ra Salaza	<u>cw</u>			
Fir	m/Company				
617 S. Mor	ntgonery:	Ave-			
	FL 32720				
City/S	tate and Zip Code				
Brin Colineso	eused for future annual rep	gmail. Com			
For further information con	ncerning this matter, please	call:			
Devaniro (	Sa lazar at (	Area Code & Daytime Telephone Num	 iber		
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, Florid	ER ADDRESS: on rations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a chec	k for the following amour	nt:			
\$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	me of the limited liability company: Brincolines de Vo	lusia LL.C.
2. (a)	617 S. Montgomery Ave Deland FL. (b)	
	Principal office address of limited liability company: 32750 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	OI 19 2017  Date of filing/registration in Florida 4.	Document number
5. (a)	Deyanira Salazar	<del></del>
	Registered Agent and Registered Office shown on the records of the Florida Dept. of St  O S-Monto Wey AVE.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Ocland , FL 32720	- HANGE TARRE
(b)	Deyanira Salazar - Manager Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH 3: 34
	617 S. Montgomery AVe.  NEW Registered Office Address:	
	Deland FL 32720	_
		_
the cha agent w was/we	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability company.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
I herel provisi the obli to mere posified	by accept the appointment as registered agent and agree to act in this calons of all statutes relative to the proper and complete performance of megations of my position as registered agent as provided for in Chapter of the change in the registered office address, I hereby confirm that writing of this change.	,,

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