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S. WARREN NOV 0.2 2017

		COVER	LETTER
TO:	Registration Section Division of Corporations		
SUBJE	Law Office of Michael S. Brow	vn, PLLC	
		of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	e Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to t	ne following:
Micha	ael S. Brown		
	Name of Person		
Law (Office of Michael S. Brown, PLLC		
	Firm/Company		
150 N	N. Orange Avenue Ste 407		
	Address		
Orlan	ndo, Florida 32801		
	City/State and Zip Code		
msbla	awofficefl@gmail.com		
<u>}</u>	E-mail address: (to be used for future annu-	al report n	otification)
For fu	rther information concerning this matter, p	olease call:	
Micha	ael Brown	352	514-7494
	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:	
	S25 Filing Fee	Ξ	\$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.

Nar	me of the limited liability company:	Law Office of N	Michael	S. Brow	vn, PLLC		
	150 N. Orange Avenue Ste 40		(b)	150 N	Orange Avenu	ue Ste 407	
(a) _	Principal office address of limited lia (Note: MUST BE STREET A	ability company:	_ (0)	_	(Note: MAY BE	limited liability company POST OFFICE BOX)	:
	Orlando, Florida 32801		_	Orlando	o, Florida 3280)1 	
	3/21/2017		= <u>-</u> .	36	978	45050	<u> </u>
	Date of filing/registration in	n Florida	4.		Document num	nber	
(a)	Michael Brown						
(4)	Registered Agent and Registered Office sho	wn on the records of t	he Florida	Dept. of Sta	ate:		
	37 N. Orange Avenue Ste 50	0					
	Registered Office Address (MUST BE I	FLORIDA STREET A	DDRESS	<u>!</u>	_		
						1 28 17	
	Orlando	, FL	32801		_	FIL 7 OCT 30 1 Shass	
(b)	Michael Brown					FILED 130 AM LASSEE	
	Enter name of NEW Registered Agent and	Vor NEW Registered	Office add	ire <u>ss</u> :			
	150 N. Orange Avenue Ste 4	07				AM 10: 38 LEF STATE REF FLORIDA	
	NEW Registered Office Address:						
	Orlando		32801		_		
		FL		<u>-</u>	<u> </u>		
e cha gent v as/w	imited liability company is not organing or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative voticles of organization or the operating	a street address of Florida limited li e of the members o	the regi ability co of the lin limited	stered offi ompany, it nited liabil	ice and the busin t is hereby confir lity company or a ompany.	ess office of the regi	istere e(s)
	nure of a member or authorized representation	a a fo mambar	IVIIC	naei bit	Printed or typed	name of signee	
_	by accept the appointment as registions of all statutes relative to the proligations of my position as registered in the registered in springly of this change.		ree to ac perform d for in hereby c	t in this co ance of m Chapter 6 onfirm the	San		ith the acce g file seen
	are of Registered Agent	 _					