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(Requestor's Name)							
(Address)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
, ,							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

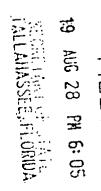
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SEP 0 9 2019 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Law Office of Michael S. Brown, PLLC							
5010	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	is matter to	the following:					
Mich	ael Brown							
	Name of Person							
Law	Office of Michael S. Brown, PLLC							
	Firm/Company							
5223	Millenia Lakes Blvd Ste 300							
	Address							
Orla	ndo, Florida 32839							
	City/State and Zip Code	-						
msbl	lawofficefl@gmail.com							
	E-mail address: (to be used for future ann	nual report r	otification)					
For fi	irther information concerning this matter,	, please call	:					
Mich	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	Enclosed is a check for the following amount:						
	☑ S25 Filing Fee		\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State | Florida.

Na	me of the limited liability company: Law Office of M			WII, I CCO		
(a)	5223 Millenia Lakes Blvd. Ste 300 Orlando, Flo	' (b	same			
1,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-	/ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		-				
	10/30/2017		L17000	065121		
	Date of filing/registration in Florida	4.		Document number		
(a)	Michael Brown					
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		•		د دست		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			—		
				ILED ASSEST		
	, FL			- R		
(b)				4 6: A. Of		
, - ,	Enter name of NEW Registered Agent and/or NEW Registered C	FILED UG 28 PH 6: 05 WASSLE, FLORIDA				
				W		
	NEW Registered Office Address:					
	5223 Millenia Lakes Blvd. Ste 300					
	Bad 5 Miller la Laries Diva.	<u> </u>	<u> </u>	<u>/</u>		
	Orlando, FL	36	1839	<u>'</u>		
ie cha gent v as/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an-affirmative vote of the members of icles of organization or the operating agreement of the I	he regi sility co the lin	stered off ompany, i nited liabi	fice and the business office of the regist it is hereby confirmed that the change(s) lifty company or as otherwise provided		
ic art	icles of organization of the operating agreement of the r		hael S	•		
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee		
rovis. 1e ob 1	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in furiting of this change.	e to ac perforn for in ereby c	t in this c nance of n Chapter t confirm th	apacity. I further agree to comply with ny duties, and I am familiar with and ac 605, F.S. Or. if this document is being j at the limited liability company has bed		

Signature of Registered Agent