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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
				





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COVER LETTER

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: 710 BROWARD, 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:				
BRADLEY G HEALD Name of Person				
710 BROWARD, LLC Firm/Company				
1187 MULBERRY CT. Address				
MARCO ISLAND, FL 34145 City/State and Zip Code				
BHEALD & COMCAST . NET E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
BIZADLEY HEALD at (239) 450-3017 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\textstyle \\$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. Name of the limited liability company: 710 BROY	VARD,	LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) <u> </u>	•	HEALD imited liability company: POST OFFICE BOX)
4180 13TH AVE 5W		1180 1374 A	IVE JW
NAPLES, FL 34116		JAPLES, FL	34116
03/24/2017		L170000G	7380
3. Date of filing/registration in Florida	4.	Document num	ber
5. (a) BRADLEY G HEALD			
Registered Agent and Registered Office shown on the records of th	e Florida Dept. c	of State:	
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
4180 13TH AVE SW			
NAPLES , FL	3411	 e	
(b) BRADLEY G HEALD Enter name of NEW Registered Agent and/or NEW Registered (Min adda		TALLEANING FE
BRADLEY 6 HEALD	mice aguress.		11.1.E.1 28 1 28:E.1
NEW Registered Office Address:			
1187 MULBERRY CT.			3 01 3 01
MARCO ISLAND, FL	3414	5	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	he registered of cility company the limited lia	office and the busines y, it is hereby confirmability company or as	ss office of the registered led that the change(s)
Bol NLC		Printed or typed na	HEALD
Signature of a member or authorized representative of a member			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I his notified in writing of this change.	ertormance o	f mv duties, and I am	familiar with and accept
Signature of Registered Agent			
G 1			