

L17000152002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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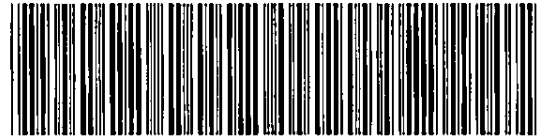
(Business Entity Name)

(Document Number)

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1700
OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIAR PATCH REALTY 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:

John Kirk Gaskin

Name of Person

BRIAR PATCH REALTY LLC

Firm/Company

4632 CHAMAN DR

Address

CRESTVIEW FL 32539

City/State and Zip Code

KIRK.GASKIN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Kirk Gaskin

Name of Person

at (850) 902 4464

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:

☒ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: BRIAR Patch Realty LLC

2. (a) 4632 CHAMAN DR (b) 4632 CHAMAN DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CRESTVIEW FL 32539 CRESTVIEW FL 32539

3. 7/17/17 4. L17000152002
Date of filing/registration in Florida Document number

5. (a) John Kirk Gaskin
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4632 CHAMAN DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
CRESTVIEW FL 32539
_____, FL _____

(b) Amanda Gaskin
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4632 CHAMAN DR
NEW Registered Office Address:
CRESTVIEW FL 32539
_____, FL _____

17 OCT 16 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John Kirk Gaskin
Signature of a member or authorized representative of a member

John Kirk Gaskin
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Amanda Gaskin
Signature of Registered Agent