L/7000/63979

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)	 			
PICK-UP	WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
ertified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer.				
	<u> </u>				

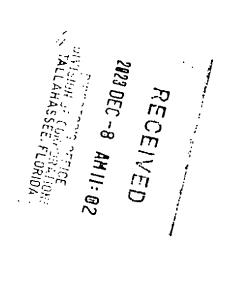
Office Use Only



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RAGROCHER





A. RAMSEY DEC 4 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/08/2023	— **WALK IN	7##
ENTITY NAME BRPH	PLLC	
DOCUMENT NUMBER		-
	PLEASE FILE THE ATTACHED AND RETURN	
××××××××××××××××××××××××××××××××××××××	Plain Copy Certified Copy Certificate of Status	
	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFICA		
TOTAL OWED \$25	ACCOUNT #: 120160000072	
Please call Tina at	the above number for any issues or concerns. Thank you so much!	

COVER LETTER

Division of Corporations		
BRPH PLLC		
SUBJECT:	Name of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
R REMP		
Name of Person		
Harbor Compliance		
Firm/Company		
1830 Colonial Village Lane		
Address		
Lancaster, PA, 17601		
City/State and Zip Coo	ie	
support@registeredagentsinc.com		
E-mail address: (to be used for future	annual report notif	fication)
For further information concerning this ma	tter, please call:	
R Remp	717 at (844-6897
Name of Person	ar (Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ring amount:	
■ \$25 Filing Fee	□ s	555 Filing Fee & Certified Copy

TO: Registration Section

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.

(a)	5700 N. HARBOR CITY BLVD., STE. 400	(b)	
(,	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MELBOURNE, FL 32940			
	08/01/2017		 L170001	63979
	Date of filing/registration in Florida	4.		Document number
(a)	CORPORATION SERVICE COMPANY			
()	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of	State:
	1201 HAYS STREET			~ <u>~</u>
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS	2	
	TALLAHASSEE	, FL32301-25	325	
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office add	dress:	1023 DEC -8 PM 1: 24
	NEW Registered Office Address:			<u>.</u>
	7901 4th St N Ste 300			
	St. Petersburg	, FL		
ange ent s is/w	limited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the mem icles of organization or the operating agreement of	of the registere ited liability co abers of the lim of the limited li	d office mpany, ited liab iability o	and the business office of the registered it is hereby confirmed that the change(s) dility company or as otherwise provided in company.
10	/ Francisco Alvarado ature of a member or authorized representative of a member	Fran	cisco Alv	
-	·			Printed or typed name of signee
ovis ob ner	by accept the appointment as registered agent ar ions of all statutes relative to the proper and com ligations of my position as registered agent as pr ely reflect a change in the registered office addre ed in writing of this change.	nd agree to act iplete performa ovided for in C ess. I hereby co	in this c ince of n hapter (infirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed nat the limited liability company has been
.,	David Roberts			

Signature of Registered Agent