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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE **BROOKLINE MANAGEMENT, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

□ \$25 Filing Fee

→ 18506176383

pg 2 of 3 · H20000415265 3

	COVERL	ETTER			
TO: Registration Section Division of Corporations					
SUBJECT: Brookline Manag	ement,	LLC			
JUDGECI.		iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the	following:			
Mary Castillo					
Name of Person	V				
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Suite 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
E-mail address: (to be used for future and	nual report noti	fication)			
For further information concerning this matter	, please call:				
Mary Castillo	888 at (705-7274			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	M	IAILING ADDRESS:			
Registration Section		egistration Section			
Division of Corporations		Division of Corporations			
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314				
2661 Executive Center Circle Tallahassee, Florida 32301	1.	ananassee, Florida 52514			
rananassee, Fiorida 32301					
Englaced is a check for the following	a amount.				

□ \$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. Na	Name of the limited liability company: Brookline Management, LLC					
2. (a)	13920 58TH STREET N.		(b) 13920 58TH STREET N., SUITE 1014			
2. (a)	Principal office address of limited li		• '		Mailing address of limited l	
	(Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX)</u> CLEARWATER, FL 33760			
	CLEARWATER, FL 33	760	-	CLEAR	RVVAIEN, FL	3700
	9/13/2017		-	L17000)191260	
3.	Date of filing/registration in	n Florida	4.	 	Document number	
	YEOMANS, WILLIAM	B.IR.				
5. (a)	Registered Agent and Registered Office sho		e Flori	da Dept. of State	- e:	
	13920 58TH STREET					
		FLORIDA STREET AL	DDRE	<u></u> <u>SS)</u>	-	
	SUITE 1014				_	
	CLEARWATER	, FL	337	60	-	
(b)	Registered Agent Solu	itions, Inc.				
(8)	Enter name of NEW Registered Agent and)ffice :	eddress:	-	
	155 Office Plaza Dr.				_	- 1
	NEW Registered Office Address:					
	Suite A				-	1
	Tallahassee	, FL	323	01	_	
the ch	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a	a street address of t Florida limited liat	he re; bility	gistered offic company, it i	e and the business off is hereby confirmed th	ice of the register at the change(s)

was/were authorized by an attirmative vote of the me the articles of organization or the operating agreement of the limited liability company.

/s/	William B. Yeomans, Jr.				
Signature of a member or authorized representative of a member					

William B. Yeomans, Jr. Manager

Printed or typed name of signee

Thereby 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 amiliar 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent