Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE RAY BROOME HOLDINGS, LLC

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Help

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.

2. (a)	me of the limited liability company: RAY BRO		
		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	795 Bell Road Suite 5	795	5 Bell Rd Suite 5
	Sarasota FL 34240	sara	asota Florida 34240
	11/21/17	L170	000240085
3.	Date of filing/registration in Florida	- <u></u>	Document number
5 \	UNITED STATES CORPORATION AGENT	S, INC.	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	5575 S. SEMORAN BLVD		20
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	SUITE 36		BOOK OF CO
	Orlando	32822	15 Tr
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address.	Office address:	AMIO: 17
	STE 300		
	St. Petersburg	33702	
the cha agent v was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ws of the State f the registered ability compar of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. ark
_	ure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change. Bill Havre - Assistar	e performance a Ed for in Chapt	of my duties, and 1 am familiar with and accepter 605. F.S. Or, if this document is being filed