

L180000 85781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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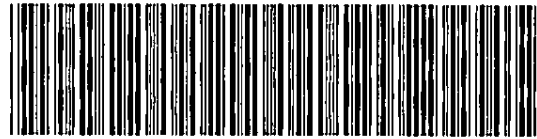
(Business Entity Name)

(Document Number)

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JAN 24 2019

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19 JAN 15 PM 2:02  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brite Properties of Florida, LLC.  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Murphy II

\_\_\_\_\_  
(Contact Person)

Brite Properties of Florida, LLC.

\_\_\_\_\_  
(Firm/Company)

7345 Greenbriar Parkway

\_\_\_\_\_  
(Address)

Orlando, FL 32819

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Murphy II

\_\_\_\_\_  
(Name of Contact Person)

407

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

634-6748

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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

**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: Brite Properties of Florida, LLC.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

619 East Washington Street

619 East Washington Street

Orlando, FL 32802

Orlando, FL 32802

April 4, 2018

L18000085781

3. Date of filing/registration in Florida

4. Document number

5. (a) Raymond Rotella

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

619 East Washington Street

Orlando, FL, FL 32802

(b) Dean Mead Services, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

420 S. Orange Ave., Suite 700

Orlando, FL 32801

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 Murphy II  
Signature of a member or authorized representative of a member

John Murphy II  
Printed or typed name of signee

*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.*

John Murphy II  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00