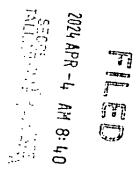


(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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04/04/24--01026--002 **1575.30



COVER LETTER

Division of Corporations	
Bradryan, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Kylie Conrad & Kayla King	
Name of Person	-
Corp1, Inc.	
Firm/Company	
7700 E Arapahoe Rd Ste 220	
Address	
Centennial, CO 80112	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Kylie Conrad	720 823-9273
Name of Person	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 following amoun	it:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

L Na	ame of the limited liability company: Bradryan, LLC					_
2. (a)	1801 N. MILITARY TRAIL	(h	(b) 1801 N. MILITARY TRAIL			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST		-
	SUITE 200		SUITE 200			
	BOCA RATON, FL 33431		BOCA RATON, FL 33431 L18000089429			
	04/09/2018					
3.	Date of filing/registration in Florida	4.	· ·	Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida	Dept. of State	- e: 	203	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS,</u>	!	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	2024 APR	T
(b)	TALLAHASSEE, FU	32301-25	25	- - -	<u> </u>	M
	Registered Agents Inc				W 8: 10	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ado	lress:	:	- 8: 40 04:8	
	7901 4th St N			-		
	NEW Registered Office Address:					
	Ste 300			_		
	St. Petersburg, FL	33702		_		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability cou of the limi	d office and npany, it is ited liability	d the business office of s hereby confirmed that y company or as other	of the regist at the chans	ered ze(s)
	ATHAN SINGER	NOV.	ATHAN SII			
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons 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 if in writing of this change.	ree to act performa d for in C hereby co	in this capa nce of my a hapter 605 nfirm that i	Printed or typed name of acity. I further agree duties, and I am famil F.S. Or, if this docu the limited liability co	to comply y	with the d accept ng filed been
•	VID ROBERTS					
Signatu	re of Registered Agent					