118000123686

(Requ	estor's Name)				
(Addre	ess)	<u>-</u>			
/A.I.I.					
(Address)		e			
(City/State/Zip/Phone #)					
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(Busin	ness Entity Nar	ne)			
(Docu	ment Number)				
Certified Copies	Certificates	s of Status			
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Special Instructions to Fil	ing Officer:				

Office Use Only



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05/29/18--01036--023 ++25.00



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Brint(V) Hump Name of Lim	INSPOTIONS, LLC ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
John Brintum Name of Person					
Brinton Home Inspection	ns, UC				
Po Box 214 Address					
C70tha, Florida 34731 City/State and Zip Code					
brinton homeins pections agmail. Com. E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please ca	all:				
Who brinton at (at (407 1992 - 5330e. Area Code & Daytime Telephone Number				
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				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				



June 1, 2018

JOHN BRINTON PO BOX 214 GOTHA, FL 34734

SUBJECT: BRINTON HOME INSPECTIONS, LLC

Ref. Number: L18000123686

We have received your document for BRINTON HOME INSPECTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

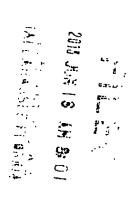
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00011417





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	ame of the limited liability company: Drinton Home Inst	oections, 11	C
	(a)	Brinton Hume Inspections, LLC (b) Brinto	on Hame Insp ulling address of limited liabi	ections, U
			(Note: MAY BE POST OF)	• •
		7912 Sweetgum 1cop P.O.	BOX 214	
		Orlando, Fiorida 32835 Goth	a, Florida	34734
			0123686	
3.		Date of filing/registration in Florida 4.	Ocument number	
5.	(a)	<u> Registered Halvits beinc</u>		
		Registered Agent and Registered Office/shown on the records of the Florida Dept. of State:		
		50,00 N ROCKY POINT Drive,		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		316 1304		
		<u>Tampa</u> . FL 33607	ţm.	63
		Vision Prividina	معتر 	C=
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u>₹</u> .	ar ar
		the hand of his register agen and his register of the address.	. → 0/2 / 1/3 -	. — gran
		7912 SWPPTOWN LOOP	#1; -	. #
		NEW Registered Office Address:		
			ें ने क्ष स्वरूप	. (2)
			3	<u>-</u>
		<u>Orlando</u> .fl 32835		
		imited liability company is not organized under the laws of the State of Flori		
age	ent v	inge or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it is h	nereby confirmed that the	he change(s)
		ere authorized by an affirmative vote of the members of the limited liability of cless of organization or the opperating agreement of the limited liability comp		e provided in
9		1 Billion h	anton	
-5	ign	ture of a member or authorized representative of a member	rinted or typed name of sign	ee
ore the	ovisi e obl mere	by accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my duligations of my position as registered agent as provided for in Chapter 605, lely reflect a change in the registered office address, I hereby confirm that the dip writing of this change.	ity. I further agree to c ities. and I am familiar F.S. Or, if this docume e limited liability comp	comply with the with and accept nt is being filed any has been
Şir	gnatu	re of Registered Agent		