## N8000 166355

(Re	questor's Name)					
(Ad	dress)	-				
	dress)					
(Adi	aiess)					
(City/State/Zip/Phone #)						
		_				
PICK-UP	☐ WAIT	MAIL				
(Ru	siness Entity Nar					
(60	siness Endly Nai	ne <i>j</i>				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					
		<del></del>				





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C Kinsey

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	GREG BROWER CONSTI	RUCTION SERVICES LI	LC
		Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registe	cred Office Change and	fee(s) are submitted for filing.
Please	return all correspondence conce	erning this matter to the	following:
GREG	BROWER		
	Name of Perso	no	
GREG.	BROWER CONSTRUCTION SEI	RVICES LLC	
	Firm/Company	у	<del></del>
37325 (	OAK LANE		
	Address		_
UMATI	ILLA FLORIDA 32784		
	City/State and Zip	Code	<del></del>
dbrower	r.gbcs@outlook.com		
E	-mail address: (to be used for fu	ture annual report notif	ication)
For furt	ther information concerning this	s matter, please call:	
GREG I	BROWER	407 at (	276-7542
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the fo	llowing amount:	
	■ \$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.

I. N	ame of the limited liability company: GREG BROWER	CONS		<del></del>			
2. (a)	37325 OAK LANE UMATILLA FL 32784	(b) 37325 OAK LANE UMATILLA FI. 32784				34	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		_					
	7/10/2018		L1800	00166355			
. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.		Documen	t number		<u> </u>
. (4)	Registered Agent and Registered Office shown on the records of the 5575 SOUTH SEMORAN BLVD,	he Flori	la Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u> </u>				
	ORLANDO , FL	32822			Ĕ.	2021 JUL	. •*
(b)	DEANNA BROWER					-0	•
(-)	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:	<del>.</del>	:	AMIII	
	NEW Registered Office Address:					17	
	37325 OAK LANE						
	UMATILLA , FL	32784					
iange gent w as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egister oility control the lin imited	ed officompany nited liability	ice and the busing y, it is hereby co lability company	ess office nfirmed tl	of the reg	gistered
Signati	ute of a member or authorized representative of a member			Printed or ty	ped name o	of signee	
e obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to ac erform for in c ereby c	t in this ance of Chaptes onfirm	e vangoin. I fore	than ama		ly with the and accept being filed as been
	Dolow						
ignatur	e of Registered Agent						