## L18000 171788

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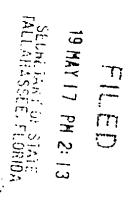
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TO: Registration Section Division of Corporations	r
STAISION OF COAPERATIONS	
SUBJECT: Brentands Consul	Ling, LLC Limited Liability Company
Name of t	mined Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Joseph Littly Name of Person	
Firm/Company	
515 N. Flagler Deine # 1700	
Wost Palu Beach, Fr. 3340 City/State and Zip Code  11++ky @ gltvvst. Com E-mail address=(to be used for future annual re	
E-mail address=(to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Brandon Brentano at Name of Person	S41 ) 502-4495  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 amou	int:
□ \$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.

Name of the limited li	ability company:	entano	5	onsu	Itng,	LLC	
2. (a) 208 S.W.						CR DR.	#1700
Principal office	e address of limited liability con		` '		Mailing address	of limited liabilit <i>BE POST OFFI</i>	y company:
	Zeach, Fr 33	_		11)			2 3340)
DOGIOTORE	react /1 = 03		-	<u> </u>	1 tooke		<u>ر ن) د ر</u>
			-			<del></del>	
7/17/2	018			L180	00171	788	
3. Date of fil	ling/registration in Florid		4.		Document n	umber	
5. (a) W.S. Corp Registered Agent and	ovation Ascute	5, Inc			-		
		سا ما	Florida 1	Dept. of State	2;		-
Registered Office Add	ding Oak Ct. 3  Iress (MUST BE FLORIDA	STREET AD	DRESS)		•	19 FALL	
	FL 33612					NA.	<u> </u>
		, FL			-	28.5	
1-44		<del>                                     </del>		·	-	3	M
(p) Joseph H	t. UITTKY tegistered Agent and/or NEW	Pagistared Of	ffice add	· · · · · · · · · · · · · · · · · · ·	-	2: 1 S FAI CLORE	
Fitter frame of 19174 B	egwered Agent and on Man	regimerea (2)	ince audi	<u> </u>		Öγ ω	
515 N.F 1a	ce Address:	<i>\rightarrow</i>			-		
NEW Registered Offi	ce Address: LBeach, FL	27 11 11	1				
west pack	Maan, Ph	13390	<u> </u>		-		
		, FL					
If the limited liability com	nany is not organized unc	T -	of the S	State of Flo	- orida it is bei	reby confirmed	d that after
the change or changes are agent will be identical. Or	made, the Florida street a	iddress of th	e regist	ered office	and the busi	iness office of	the registered
was/were authorized by ar the articles of organization	affirmative vote of the n	n <del>¢</del> mbers of t	he limit	ed liabilit	y company of		
ZDR.						WO ed name of signee	
- 2	horized representative of a men	1					
I hereby accept the appoi provisions of all statutes r the obligations of my posi- to merely reflect a change	ntment as registered ager elative to the proper and tion as registered agent a	n and agree complete pe s'provided f	to act i erformai or in Cl	n this cape ace of my e wanter 605	acity. I furth duties, and I : i FS Or if	er agree to co. am familiar w this document	mply with the ith and accept is being filed
notified in whiting of this c	in the registered office a	ddress. I hei	reby cor	ifirm that	the limited li	ability compar	iy has been
Joseph Ft. C	UT.						
Signature of Registered Agent		1					