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(Re	equestor's Name)	
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AND ASSEE FILES

08/26/2021 TH

COVER LETTER

Division of Corporations				
SUBJECT: Brooklyn NAS R	bility 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:				
Taft S. Watson Name of Person	_			
Firm/Company				
749 SE Brookedge Ave	_			
Port Saint Lucie, FL 34983 City/State and Zip Code				
TaffOTaffAndNancy. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Taft Watson at (813) Name of Person	3 7-8869 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			

\$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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. N	ame of the limited liability company: Brookly n NAS	Restaurants LLC
2. (a)	1	SE Brookedge Ave
	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Port Soint Lucie, FL 34983 Port	Saint Lucie FL 3498
3.	Date of filing/registration in Florida 4.	2000/9639 7 Document number
5. (a)	United States Corporation Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	5575 S. Semoran Blud	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Suite 36	
	Orlando ,FL 32822	
(1.)	Toft & Idate	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	是是一个
	7//0 6/5 72	MAING 13 PH 5: 42 SECRETARY OF STATES
	749 SE Brookedge Ave	
	NEW Registered Office Address:	
		長 5
	Port Saint Lucie FL 34982	
	imited liability company is not organized under the laws of the State of Flo	
agent	or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability com	
_/	turable a member or authorized representative of a member	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my d igations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that the tim writing of this change.	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	t of Registered Agent	