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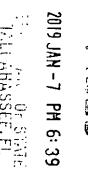
(Requestor's Name)						
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PICK-UP	Mait	MAIL				
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Certified Copies	Certificate	es of Status				
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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Brick Cty International LLC Name of Limited 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:								
Reginald Brown Name of Person								
Brick City International LLC Firm/Company								
1710 45th St. C-6 Address								
West Palm Beach, Fl. 3 City/State and Zip Code	3407							
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Reginald Brown at (S61) 7/9-8/20 Name of Person Area Code & Daytime Telephone Number								
Registration Section For Division of Corporations In Clifton Building For Inc.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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

Florida.		, l	- / - g.u.			<u></u>
1. Nar	me of the limited liability company: Brick C	144	Inte	rnational	<u>LL(</u>	
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Mail	Blue fing address of limite lote: MAY BE POS	_	ompany:
	West Palm Beach		# 117			
	FL 33407		Riviera	Beac	4, F	1. 3340
	11/1/2018			00257	04-	7
3.	Date of filing/registration in Florida	4.	DC	cument number		
5. (a)	Reginald Brown Registered Agent and Registered Office shown on the records of the	- Elorida I	Deat of State:			
		u S	epi. or state.			
	128/E Blue Heron Bl Registered Office Address (MUST BE FLORIDA STREET AD					
	#117				201	
	Riviers Beach FL	33	404	ALC:	9 JAN	ŋ
(b)	Reginald Brown			AHASSI	-7	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:		_ <del></del>	
	1281 Blue Heron Blue	el		.FA	6: 39	
	NEW Registered Office Address:					
	# 117		<del></del>			
	Riviera Beach, FL	334	104			
the charagent was/we the artic	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist bility cor the limi imited li	tered office as npany, it is he ted liability c ability compa	nd the business of ereby confirmed ompany or as otlany.	that the c nerwise pr	ne registered hange(s)
Signat	guiled Bon- ture of a member or authorized representative of a member	170	Pi	Bro いれ	of signee	<del></del>
provisie the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act in erforma for in Cereby co	in this capaci nce of my dui hapter 605, F nfirm that the	tv. I further agr ties, and I am Jai S. Or, if this do limited liability	ee to com niliar with cument is company	ply with the h and accept s heing filed has been