19000065541

(Conservate Name)						
(re	(Requestor's Name)					
-						
(Ad	ldress)					
(Ád	ldress)	-				
(Cit	ty/State/Zip/Phone	e #)				
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PICK-UP	☐ WAIT	☐ MAIL				
(Bu	siness Entity Nar	me)				
(Do	cument Number)					
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Office Use Only



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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	Bross Builders Development, LLC					
., 0		ne of Limited Lia	ibility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and (ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	following:			
Miscl	nael Bross					
	Name of Person		_			
Bross	Builders Development, LLC					
	Firm/Company		_			
8951	Bonita Beach Rd., Suite 525-293					
	Address		_			
Bonit	a Springs, FL 34135					
	City/State and Zip Code		_			
bross	sbuildersIIc@gmail.com					
I	E-mail address: (to be used for future ann	ual report notific	cation)			
For fu	rther information concerning this matter,	please call:				
Misch	nael Bross	978 at (821-9632			
-	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	🕱 \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			

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.

l. Na	ame of the limited liability company: Bross Build	lers Develop			
2. (a)	104 Johnnycake Dr. Naples El 34110		(b) 104 Johnnycake Dr., Naples, FL 34110		
2. (u)			Mailing addr	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	03/07/2019	L1	9000065541		
3.	Date of filing/registration in Florida	4.	Documen	t number	
5. (a)	Mischael Bross				
` /	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	104 Johnnycake Drive				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Naples	FL 34110			
(b)	Mischael Bross			₩ (
	Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	: <u>s</u> :	AUG AUG	
	8951 Bonita Beach Road			**************************************	
	NEW Registered Office Address:			•	
	Suite 525-293			PH 12:	
	Bonita Springs	FL_34135		2. 43	
the cha agent v was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member jeles of organization or the operating agreement of	s of the register d liability comp rs of the limited the limited liab	ed office and the b pany, it is hereby c d liability company	ousiness office of the registered on firmed that the change(s)	
Signa	and of a member or authorized representative of a member	-	· · · · · · · · · · · · · · · · · · ·	typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to act in ete performanc ided for in Cha . I hereby confi	this capacity. I fuse of my duties, and opter 605, F.S. Or, irm that the limited	rther agree to comply with the d I am familiar with and accep , if this document is being filea d liability company has been	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent