L1900161861

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700371770977

08/09/21--01028--002 **125.08

08/24/2021 JH

2021 AUG -9 AM 10: 55

COVER LETTER

TO: Registration Section Division of Corporations		
J. Brad Herbeck, LLC		
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Gideon I. Alper, Esq.		
Name of Person	_ 	
Alper Law, PLLC		
Firm/Company		
255 Primera Blvd., Suite 160		
Address		
Lake Mary, FL 32746		
City/State and Zip Code		
n/a		
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, please ca	III:	
Jackie Royal 407	7 444-0404	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee	☐ \$55 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.

1. N	ame of the limited liability company: J. Brad Herbeck	LLC		
2. (a)		(b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1220 Ironsmith Drive, Unit 202		Same	
	Celebration, Ft. 34747			
	6/28/1996	1	.1900016	7867
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Alper Law, PLLC			
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Si	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 2572 West SR 426, Suite 1024	T ADDRESS)		
	Oviedo , F	32765		
(b)	Alper Trustees, LLC			T. T.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	resy:	TALLAHISSEE TEGE
	NEW Registered Office Address:			— Pst. 9.
	255 Primera Blvd., Suite 160			
	Lake Mary	FL		
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the force.	ne registered liability con of the limited liability.	l office a ipany, it ted liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act i e performat led for in Cl l hereby cor	n this ca ace of m apter 60 afirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
Signati	Integration Alpen			