L19000 303658

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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2020 JUL 28 AM IO: 59
SECRETARY OF STATE

JQ 29/22/20

COVER LETTER

TO: Registration Section Division of Corporations	
BROCK AN LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	eall:
LOVETTE DOBSON 85	55 829-9090
Name of Person	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
Enclosed is a check for the following amount	t:
□ \$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.

1. Na	ame of the limited liability company: BROCK AN LLC	C	70-1				
2. (a)		ı	(b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of		•	•
	348 165TH COURT NORTHEAST		348 165T	H COURT NOR	THEAST		
	BRADENTON, FL 34212	<u> </u>	BRADEN	ITON, FL 34212		-	
	12/13/2019		L19000303	.658			
3.	Date of filing/registration in Florida	- 4.		Document nur	mber		
5. (a)							
5. (a)	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC.	the Florid	da Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4TH ST N, STE 300			- SECO.	2020		
	ST. PETERSBURG . FI	33702		_	RETA	1020 JUL 28	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LEGALINC CORPORATE SERVICES INC.	l Office a	ddress:	-	TARY OF STATE	AM 10: 59	
	NEW Registered Office Address:			_			
	5237 SUMMERLIN COMMONS SUITE 400			_			
	FORT MYERS, FL	33907		_			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co	ed office an ompany, it is nited liabilit	d the business of s hereby confirmally company or a	office of the med that the	regist chang	ered ze(s)
	Brock an	BR	OCK AN - A	MBR			
Signat	ure of a member or authorized representative of a member			Printed or typed i	name of signed	2	
I heret provision the obli to mere notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to ac perform d for in hereby c	t in this cape vance of my o Chapter 605 confirm that	acity. I further duties, and I am i, F.S. Or, if thi the limited liabi	agree to con n familiar w is document ility compan	mply v ith and is bein iv has	vith the d accept ng filed been
Signatur	re of Registered Agent						