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(((H20000080735 3)))



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Tc:

Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number : (323) 962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .\*\*

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## LLC REGISTERED AGENT CHANGE BRAMLETT COMMUNICATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: BRAMLETT COMMUNICATION Name	ONS LLC	
50001	Name	of Limited Liabi	lity Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	e Change and fee	e(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following	lowing:
Chey			
	Name of Person		
Lega	ilzoom.com, Inc.		
	Firm/Company		
101 i	N. Brand Blvd., 10th Floor		
	Address		
Glen	ndale, CA 91203		_
	City/State and Zip Code	<del></del>	
	amlett59@yahoo.com	_	_
	E-mail address: (to be used for future annu	ial report notifier	ntion)
For fu	arther information concerning this matter.	please call:	
Che	yenne Moseley	800	773-0888 ext 9724
	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	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 chassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	<b>2</b> \$55	Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursizant 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 Floricte

Name of the limited liability company: BRAMLET	T COMMUNIC	CATIONS LLC
12 OAK PASS	(h) 12	OAK PASS
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
OCALA, FL 34472		CALA, FL 34472
01/29/2020	L20	000035515
Date of filing/registration in Florida	4,	Document number
UNITED STATES CORPORATION AGE	NTS, INC.	
(a) Registered Agent and Registered Office shown on the record		of State:
5575 S. SEMORAN BLVD.		
Registered Office Address IMUST BE FLORIDA STRE	ET ADDRESSI	2020 HAR II PHIZ: 5
36		
ORLANDO	. FL_32822	
(b) William A. Bramlett IV		PM 12:
Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	
12 Oak Pass		
NEW Registered Office Address:		
Ocala	<sub>E1</sub> 34472	<del> </del>
Ocala	, M. <u></u>	
the limited liability company is not organized under the change or changes are made, the Florida street addregent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member articles of organization or the operating agreement of	ss of the registere ed liability compa ers of the limited f the limited liabil	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signature of a member or authorized representative of a member	-	Printed or typed name of signee
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete obligations of my position as registered agent as previous prefect a change in the registered office addressolitied in writing of this change.	l agree to act in t stele performance wided for in Chuj ss, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and acception of the first of this document is being filed orm that the limited liability company has been