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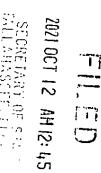
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Office Use Only



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## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	B & B Brown Solutions	
		ted Liability Company
Dear Sir or l	Madam:	
The encloses	d Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to	o the following:
Barry Brown		
	Name of Person	<del></del>
B & B Brown	a Solutions LLC.	
	Firm/Company	
1000 55th Te	rrace South	
	Address	
St. Petersburg	g, Florida 33703	
	City/State and Zip Code	
Barrygbrown	@yahoo.com	
E-mail	address: (to be used for future annual report	notification)
For further i	nformation concerning this matter, please cal	l:
727-460-169	Name of Person at (7)	7 460-1697 Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following amount:	
■ \$	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.

. (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)
-	Date of filing/registration in Florida	4.	Document number
. (a)	UNITED STATES CORPORATION AGENTS, INC.		
. ()	Registered Agent and Registered Office shown on the records of t 5575 S. SEMORAN BLVD.	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	Orlando, Florida, FL	32822	
(b)	Becky Brown		2021 F
()	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	1000 55th Terrace South		- RESERVE
	NEW Registered Office Address:		
	1000 55th Terrace South		H 12: 15
	St. Petersburg , FL.	33705	<del></del>
nange gent v as/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 authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited liability or the operating agreement of the liability of	registered offi bility compan f the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in cy company.
Signat	the of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	ee to act in thi	s capacity. I further agree to comply with the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00** 

. **.**