## L20000251286

(Requestor's Name)							
(Address)							
· · ·							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Caranto 2 and Caranto)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
Special Instructions to Filing Officer:							

Office Use Only



500363981675

04/15/21--01024--021 \*\*25.00

2021 APR 15 AM 8: 27

## COVER LETTER

Division of Corporations	
SUBJECT: Brillenials LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	. •
The enclosed Registered Agent/Registered Office	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Bineé Hamilton Name of Person	
Firm/Company	
1317 Edgewater Dr, #2610 Address	
Orlando, FL 32804 City/State and Zip Code	
BrineeHamilton Comail. Com E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Brinee Hamilton Name of Person	at ( $\frac{786}{100}$ ) $\frac{867 - 1010}{1000}$ Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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. Nam 2. (a) ∐ú	ne of the limited liability company:  (Note: MUST BE STREET A	Ukndale bad FL, 3200 ability company:	µы <u>1317</u> 	Edge Witter F Matting address of liv (Note: MAY BE F	nited liability	260 olgado company: 2 EBOX)
3.	08-27-2020 Date of filing/registration i	n Florida 4.	1-20	0000 2 5 12 Document numb		
5. (a)	Bringle Hamilton Registered Agent and Registered Office she  1250 E Hallandale Registered Office Address MUST BE  Hallandale bras	FLORIDA STREET ADDR	SIE	ate: 407 	AHASSEE	2021 APR 15
(b)	Kelly Miller  Enter name of NEW Registered Agent and 1317 Edgewater Dr  NEW Registered Office Address:	d/or NF,W Registered Office	e address:		85. 85.	M 8: 27
	Orlando	, FL	32804			
the cha agent was/w the art	limited liability company is not organge or changes are made, the Florie will be identical. Or, in the case of the authorized by an affirmative volciels of organization or the operating attree of a member of authorized representation.	a Florida limited liabilitie of the members of the g agreement of the limited of a member	ty company, is limited liabited liability c	t is hereby confirmality company or a company.  Printed or typed	med that the s otherwise name of signe	e change(s) e provided in
provis the ob to mer notifie	why accept the appointment as registions of all statutes relative to the proliferious of my position as registered rely reflect a change in the registered in writing of this change.	tered agent and agree to coper and complete perg ed agent as provided for ed office address, I here	o act in this c formance of n r in Chapter ( by confirm th	apacity. I further ny duties, and I ar 505, F.S. Or, if th uit the limited liah	agree to Confamiliar vis documentity compa	ompry with the with and accept at is being filed any has been