Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004236563)))



H200004236563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Co.	porations		
		: (850)617-6383	7-4 1.	23
From:				ر
	Account Name	: REGISTERED AGENTS INC.	<u>:</u>	<u> </u>
	Account Number	: I20090000081	·	202 9 DEC
	Phone	: (307)200-2803	-	_
	Fax Number	: (855)330-1010	t	
			<u>.</u>	70
			7.	PM
**Enter the e	email address for	this business entity to be us	ed; for	future
annual	report mailings.	Enter only one email address p	، lease	* 55
Email A	ddress:			_

HECEIVED

LLC REGISTERED AGENT CHANGE BRUMMER DEVELOPMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/14/20

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

Florie							
1. Name of the limited liability company: BRU		RUMMER DEVELOPMENT SERVICES, LLC					
2. (a)	3426 SW 74TH AVENUE		(b) P	O BOX	4440		
(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 34474 UN		OCALA, FL 34478				
			_				
11/02/20				L20000346801			
3.	Date of filing/registration in Flo	orida 4		Do	cument nun	nber	
5. (a	THEODORE SCHATT, ESQ						
	Registered Agent and Registered Office shown or	n the records of the Fl	lorida Dep	pt. of State:			
	328 NE 1ST AVE	328 NE 1ST AVE					
	Registered Office Address (MUST BE FLOR	RESS)		; *	23		
	100					23 D	
	OCALA34470				_	2520 DEC	
ſb	Registered Agents Inc.				· -	1 19	
`-	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>is</u> :		<u></u>	
	7901 4th St N				٠ <u>٠</u>	55	
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg		33702				
the clagent was/s	limited liability company is not organized hange or changes are made, the Florida stress will be identical. Or, in the case of a Florwere authorized by an affirmative vote of the control of the operating agreements.	ect address of the fida limited liabili he memhers of the	register 1y comp e limited	ed office an oany, it is be d liability co	id the busing creby confir ompany or a	ess office of the registered med that the change(s)	
R	Lun Tark		Riley I				
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provi the o to me	reby accept the appointment as registered a isions of all statutes relative to the proper of bligations of my position as registered age erely reflect a change in the registered offu- ied in writing of this change.	agent and agree hand complete perjont as provided for ce address, I here	o act in formanc r in Cha by confi	inis capacii se of my dut ipter 605, F irm that the	iv. I further ies, and I ar .S. Or, if th limited liab	ragree to comply with the in familiar with and accept is document is being filed pility company has been	

- Assistant Secretary

Bill Havre

Signature of Registered Agent