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Office Use Only



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COVER LETTER

1.

TO: Registration Section Division of Corporations		
SUBJECT: Brogan Base Name of Lin	as Insulation LLC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fce(s) are submitted for filing.	
Please return all correspondence concerning this matter	-	
Brogan Bass Name of Person		
Brogan Bass Insulan	tion LLC	
PO Box 6201 Deace Address		
Ocala, Fr. 34478 City/State and Zip Code Brogan BassInsulad E-mail address: (to be used for future annual report	tional gnail. com	
For further information concerning this matter, please call: Dopar Bass (350) 510-1205		
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:		
\$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.

		the jonowing statement in Order to entange as regard variables as
1	NI.	ne of the limited liability company: Brogan Byss Insulation Inc. 4521NE 28th Ave Ocala 3447(b) Po Box 6201 Ocala 34478 Mailing address of limited liability company:
1.	Na	1521 NG 28th Lue Ocala 344 Plb Po Box 6201 Ocala 34478
<u>-</u>	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1/21/2001 12/000041442
3.		Date of filing/registration in Florida 4. Document number
5	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
٠.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		+521 NE28th Ave Ocala 34479
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL FL Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL
		FL SSET 2 T
	(h)	
	(177	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		PO Box 6201 Ocala, Fr 34478 NEW Registered Office Address: 4521 NG 28th Ave Ocala Fr 34479
		NEW Registered Office Address:
		4521 NG 281 AUR OCCUPA TE 344 M
a	hange gent vas/w he art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
7	Signa	ture of a member of authorized representative of a member Brogan Raiss / Kim Bass Printed or typed name of signee
	l here provis he ob o men potifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed light of the registered office address. I hereby confirm that the limited liability company has been definiting of this change.
_	17	ire of Krystered Agent Krystage Krysta