Division of Corporations



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To:

Division of Corporations
Fax Number (850)617-6383

From:

Account Name : REGISTERED AGENTS INC

Account Number : 128899888881 Phone : (387)288-2883 Fax Number : (813)436-5286

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

Email Address:_____

LLC REGISTERED AGENT CHANGE MADISON BROWNSTONE HOME LLC

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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)
	04/07/22	L2200	00167634
	Date of filing/registration in Florida	4,	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	, of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
			202
	JACKSONVILLE FL	32202	AL HA
	, r.t.		2024 HAR I I PM SELLLAHASSEE
(h)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	SSE
	2001 4th Can		
	7901 4th St N		=====================================
	NEW Registered Office Address		, ,
	STE 300		
	St. Petersburg	33702	
	St. Petersburg		
ne cha gent v ras/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered ability compai of the limited l	d office and the business office of the registory, it is hereby confirmed that the changets' liability company or as otherwise provided it
	ture of a member or authorized representative of a member	Robin Jon	
Signat	ture of a member or authorized representative of a member	·	Printed or typed name of signee
l herel rovisi he obl	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ty reflect a change in the registered office address. I	rce to act in the performance ed for in Chapt	its capacity. I further agree to comply with of my duties, and I am familiar with and ac ter 605, F.S. Or, if this document is being f

Signature of Registered Agent