Division of Corporations

## Florida Department of St

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			
CUIGIT	Address:			

## LLC REGISTERED AGENT CHANGE BREWSTER'S PROPERTY MAINTENANCE 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.

1. Na	ame of the limited liability company: BREWSTER'S P	ROPERTY	MAINTENANCE LLC
2. (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)
	07/01/2022	– – L2	2000297927
3.	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 476 RIVERSIDE AVE.	e Florida De	pt. of State:
:	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
· ·	JACKSONVILLE , FL	32202	<del></del>
(b)	REGISTERED AGENTS INC		
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addres	F20 F30 F30 F30 F30 F30 F30 F30 F30 F30 F3
	7901 4TH ST N		
	NEW Registered Office Address:		
	STE 300		
			<u></u>
•	ST. PETERSBURG .FL	3702	
agent was/we he artice Signate I hereborovision hereborotified	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the line of a member or authorized representative of a member	egistered o ility composite limited mited liabi Robin J	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Ones  Printed or typed name of signee