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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	ECT: The Broemmer Group LLC Regi	stered Agent chang	e of address
	ì	Name of Limited	Liability Company
Dear S	ir or Madam:		
The er	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	e following:
Darren	Broemmer		
	Name of Person		<del></del>
The Bi	oemmer Group LLC		
	Firm/Company		- <del></del>
5545 (	Trepe Myrtle Circle		
	Address		
Oviedo	o, FL 32765		
	City/State and Zip Cod	e	
darren	@thebroemmergroup.com		
<u> </u>	-mail address: (to be used for future	annual report noti	fication)
For fu	ther information concerning this mat	ter, please call:	
Darren	Broemmer	at (_ <del>703</del>	) 678-8108
	Name of Person	\	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ing 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.

	me of the limited liability company:	roup LLC	•	
	5545 Crepe Myrtle Circle Oviedo, FL 32765	()		Crepe Myrtle Circle Oviedo, FL 32765
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/15/2022	_	L220	00319290
	Date of filing/registration in Florida	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Darren Broxemmer  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			State:
	1532 COMMON WAY RD #203 ORLANDO	3281	1	FIL SECRETARY 2023 MAY 10
(b)	Darren Broemmer  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	2 <u>`</u> m
	NEW Registered Office Address: 5545 Crepe Myrtle Circle			D OF STATE RPORATIONS PM 12: 24 ו
	Oviedo FL	32765		<u></u>
nge nt w s/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the will be will	vs of the registere ability co of the lim limited l	d office mpany, ited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
				Printed or typed name of signee