L72000430734

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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2022 HOY -4 AM 8: 06 SECRETARY OF STATE

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJ	Brick House Botanical LLC						
		Name of Limited Li	ability Company				
Dear S	ir or Madam:						
The er	closed Registered Agent/Regist	tered Office Change and	fee(s) are submitted for filing.				
Please	return all correspondence conce	erning this matter to the f	following:				
Emily	Spiess						
	Name of Pers	on	_				
Brick I	louse Botanical LLC						
	Firm/Compan	ıy					
501 W	Lumsden Rd.						
	Address						
Brando	on F1 33511						
	City/State and Zip	p Code					
sublim	ekate9@gmail.com						
1	-mail address: (to be used for fi	uture annual report notifi	cation)				
For fu	ther information concerning thi	is matter, please call:					
Emily	Spiess	618 at (525-0548				
	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 fo	ollowing amount:					
	□ \$25 Filing Fee	\$5	5 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

I. Na	une of the limited liability company: Brick Hou	ise Botanical LLC				
2. (a)	Brick House Botanical LLC	(b	Brick Hous	se Botanical LLC		
2. (u)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)			•	imited liability com	-
	501 W Lumsden Rd.		501 W Lun	nsden Rd.	_	
	Brandon Fl. 33511		Brandon Fl	. 33511		
	10/5/2022	;	L220004307	39		
3.	Date of filing/registration in Florida	4.		Document numb	her	
5. (a)	Hannah Burnam					
υ. (α)	Registered Agent and Registered Office shown on the rec	cords of the Florida	Dept. of State	- ::	_	
(b)	Hannah Burnam				2022 SE	
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS]	-	CHI CHI	
	439 Haven Point Drive				2022 NOV -4 SECRETAR	,
	Treasure Island	. FL 33706		-	************************************	
	Emily Spiess				# 8: 06	ও ল্প
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office add	<u>lress</u> :		F 61	
	Emily Spiess					
	NEW Registered Office Address:			-		
	501 W Lumsden Rd.					
	Brandon	, FL ³³⁵¹¹				
change agent v was/we the arti	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement agreement of a member of authorized representative of a member	s of the registere nited liability con nbers of the limi of the limited li Emil	d office and npany, it is ted liability	I the business of hereby confirm company or as pany.	fice of the regist led that the chan otherwise provi	tered ge(s)
I here provisi the oblito mero notification	by accept the appointment as registered agent a fons of all statutes relative to the proper and con igations of my position as registered agent as pelv reflect a change in the registered office addrain writing of this change.	nd agree to act mplete performa	nce of my d	icity. I further a luties, and I am	gree to comply v familiar with an	d accer