

L23 000 041SH7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

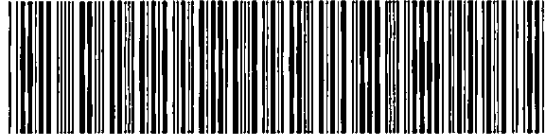
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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brazilian Esfirras by Bree LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Boylan  
Name of Person  
Brazilian Esfirras By Bree LLC  
Firm/Company  
591 Autumn Stream Dr  
Address  
Auburndale, Florida 33823  
City/State and Zip Code

deliciousbybree@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Boylan 863 3991692  
Name of Person at ( ) Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 632  
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

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2024 FEB 23 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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. Name of the limited liability company: Brazilian Esfirras by Bree LLC

2. (a) 591 Autumn Stream Dr (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Auburndale, Florida, 33823

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

January 23th, 2023

3. Date of filing/registration in Florida 4. Document number

5. (a) Northwest Registered Agent LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Northwest Registered Agent LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th Street N suite 300

ST Petersburg, FL, 33702

(b) Daniela Boylan

Enter name of NEW Registered Agent and/or NEW Registered Office address:

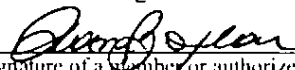
Daniela Boylan

NEW Registered Office Address:

591 Autumn Stream Dr

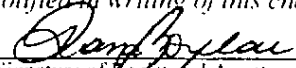
Auburndale, FL, 33823

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Daniela F. Boylan  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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