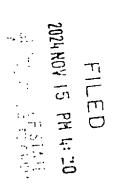
## L2400020H742

(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:				
DEC , HORNE				





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## COVER LETTER

TO: Registration Section Division of Corporations Bryan Machine Services Manufacturing LLC SUBJECT: 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: Nicholas McGrue Name of Person Polymath Legal PC Firm/Company 5777 W. Century Blvd, Ste 1125 Address Los Angeles, CA 90045 City/State and Zip Code admin@polymathlegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tannya Rebecca 931-6418 Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee

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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	ime of the limited liability company:  Bryan Machine S	Services M:	Manufacturing U.C	
2. (a)	6081 Silver King Blvd. #103, Cape Coral, Florida 33914	(b)	b) 5342 Clark Rd #3080, Sarasota, Florida 34233	
(117	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		<del></del>		
	May 01, 2024	I	L24000204742	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Nate Armstrong			
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 6081 Silver King Blvd. #103	ADDRESS)		
	Cape Coral . FI	33914 L	7021.1	
	Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	DEL MON 15 PH 1: 10		
	NEW Registered Office Address:		信証 '台	
	7901 4th St N STE 300		. <u></u>	
	St. Petersburg	33702		
change agent v was/wa the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members celes of organization or the operating agreement of the	e registered ability corror the limited li	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	
	Nicholas McGruse ture of a member or authorized representative of a member	Nich	cholas J. McGrue	
			Printed or typed name of signee	
provisi the obl to mer notified	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to act performa ed for in C hereby co.	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been	
Signatu	Nicholas McGrue			