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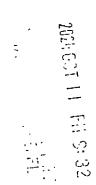
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations **BREIDELMAN HOLDINGS 8 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: Kent Walker Name of Person Walker Estate Planning Firm/Company 6075 Barfield Road Address Atlanta, GA 30328 City/State and Zip Code kentwalker@walkerestateplanning.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kent Walker 404 422-2710 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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: S25 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.

1.	Na	me of the limited liability company:  BREIDELMAN HOL	DIN	G:	S 8 LLC					
2. (2	3)		(l	b١						
(-	<del>-</del> , .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		-,		Mailing a	ddress	of limit	ed liability company: ST OFFICE BOX)	
		3560 LENOX ROAD, STE 1500			3560 LEI	NOX ROA	AD, S	TE 150	0	
		ATLANTA, GA 30326	-		ATLANT	'A, GA 30	A. GA 30326			
		08/29/2024		L	.24000380	)113				
3.		Date of filing/registration in Florida 4	١.	_		Docum	ent n	umber	26	
5. (	<b>ار</b> و	SANDERS, JULIAN L					;	<del>.</del> .:	124 OST	
5. (a)	<i>a)</i>	Registered Agent and Registered Office shown on the records of the F	lorid	а Г	Dept. of Sta	te:				
		Registered Office Address (MUST BE FLORIDA STREET ADD	RES:	S)		<del></del>		į		
		8743 STIRLING ROAD						Ç.	9.	
		COOPER CITY 533	28			_			လ လ	
		,1 L				_				
(b)	<b>5</b> )					_				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Offi</u>	ce ac	<u>ldr</u>	<u>'ess</u> :					
		SANDERS, JULIAN I.								
		NEW Registered Office Address:	-			_				
		1861 NE 163rd St. North Miami Beach, Fl 33162								
		North Miami Beach	62							
		FL				_				
chan agen was/	ige it w	mited liability company is not organized under the laws of or changes are made, the Florida street address of the regitable identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the limitals of organization or the operating agreement of the limitals.	ister ty co e lin	ed on nit	office ar pany, it ed liabili	nd the bu is hereby ty compa	sines conf	s office irmed	e of the registered that the change(s)	
_(			Juli	an	Sanders					
- /	'/	ure of a member or authorized representative of a member							of signee	
pr <b>le</b> s the o to m	isio bli <b>e</b> re	y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perf gations of my position as registered agent as provided for ly reflect a change in the registered office address, I here I'in writing of this change.	o act form in ( by c	t ii can Ch on	n this cap ace of my apter 60 firm that	pacity. 1 duties, å 5, F.S. C the limit	furthe ind 1 d Dr, if i ted lid	er agre am Jan this do ability	ee to comply with the niliar with and accep cument is being filed company has been	
		o of Registered Agent								
<i>P</i>	atur	e of Registered Agent								