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ALLAHASSEE, FLORINA

11

COVER LETTER

Division of Corporations	·	
SUBJECT: BRC Florida Holdings, L.L.C (Name of Limite	C. ed Liability Company)	٠
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	,
- -		5.
Please return all correspondence concerning this m	matter to the following:	
Stefan R. Shubert (Name of Person)	· .	
Fisher, Tousey, Leas & Ball, P.A.	TA'S R	ລ
(Firm/Company)		
501 Riverside Avenue, Suite 600	AHASSE WHASSE	2- d35 LW
(Address)	E. F.	D
Jacksonville, Florida 32202	STATE	U J
(City/State and Zip Code)	P	က်။ .
For further information concerning this matter, ple	ease call:	,
Stefan R. Shubert	904) 356-2600	
(Name of Person)	(Area Code & Daytime Telephone	e Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	nount:	T
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liabilit	y company is: BRC Florida Holdings, L.L.C.			
2. The mailing address of the limi	ted liability company is: 14476-101 Duval	Place V	Vest	•
Jacksonville, Florida 32218	• • •			
03/02/1999	L9900001177			
3. Date of filing/registration in Fl	orida 4. Document num	ber		
5. The name of the registered ager Florida Department of State:	at and the registered office address as shown of	n the re	cords c	of the
•	a, Michael M			
Visconduction The Control of Cont	Name			
. <u>1301 l</u>	Riverplace Blvd, Ste. 1700		÷	
l1	Address			
Jackso	onville, Florida 32207 City, State and Zip	SE SE	200	
6. The name and address of the ne	•	CKE)1 SEP	17
Fisher	, Tousey, Leas & Ball, P.A.	JSS ASS	S	
040 N	Name	E S	- 0	M
	orth A1A, Suite 104	STAT		
Florid	a street address (P.O. Box NOT acceptable)		ئ ئن	
Ponte	Vedra Beach FL 32082	A	ĊT	
	City, State and Zip			
confirmed that after the change or and the business office of the regi- liability company, it is hereby con	Nas	of the re of a Flor d by an a	gistere rida lin affirma	d office nited tive vote
	eas			
(Printed or typed name of signee)		maait.	I Gust.	nu naunn 60
Thereby accept the appointment comply with the provisions of all sand I am familiar with and accept Chapter 608, F.S. Or, if this doct address, I hereby confirm that the Bury VI. Juntal Bury	as registered agent and agree to act in this ca statutes relative to the proper and complete pe the obligations of my position as registered a unent is being filed to merely reflect a change limited liability company has been notified in	pacity. Erformar igent as in the ri writing	t furtherice of here of here of this	r agree 10 ny duties, ed for in ed office change.
(Signature of Registered Agent) BEVE	· · · · · · · · · · · · · · · · · · ·			
	rporations, P.O. Box 6327, Tallahassee, FL	32314		

FILING FEE: \$25.00