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City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): CENNAN DEVELOPMENTS LO
(Document#) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Certified Copy ☐ Walk in Pick up time Certificate of Status ☐ Mail out ☐ Photocopy ☐ Will wait **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 31, 2001

BRENNAN DEVELOPMENTS, LLC SUITE 200 255 SUNRISE AVENUE PALM BEACH, FL 33480

SUBJECT: BRENNAN DEVELOPMENTS, LLC

Ref. Number: L99000008774

We have received your document for BRENNAN DEVELOPMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation rather than for a limited liability company. Please complete and return the attached blank form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 101A00059587

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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 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 liability company is: 2. The mailing address of the limited liability company is: Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CSC Usimer Name State and 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) 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. (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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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)