M01000001021

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filin g Officer :	

Office Use Only



000040294430

08/19/04--01044--001 **760.00



J. BRYAN AUG 2 0 2004

FIELDSTONE LESTER SHEAR & DENBERG, LLP ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A. PAUL A. LESTER, P.A. DAVID SHEAR, P.A. MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS ANA V. DE VILLIERS STEVEN A. GOLD REBECCA L. ABRAMS

SUNTRUST PLAZA, SUITE 601 201 ALHAMBRA CIRCLE CORAL GABLES, FLORIDA 33134 TELEPHONE 305.357.1001 FACSIMILE 305.357.1002

OF COUNSEL:

ROBERT E. DADY, P.A. ALSO MEMBER N.Y. BAR

LEE J. OSIASON, P.A.

MICHAEL J. ROSENBAUM, P.A.

August 18, 2004

Florida Department of State Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing together with a check in \$760.00, representing the filing fees.

If you have any questions, please feel free to contact our office.

. Galdtine 18

RRF\cs Encls.

H:\LIBRARY\Clients\Bray & Gillespie\Letters\ss.lt.reg.agents.wpd 0B/18/4-10:17am

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:	BRAY & GILLESPIE, LLC VI	
	mpany is : 222 DELAWARE AVENUE, 9TH FLOO	
WILMINGTON, NEW CASTLE CITY, DE 19		
5/3/01	M01000001021	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State: THOMAS M. CLAY	ered office address as shown on the records of the TON ESQ.	
600 NORTH ATLAN	Name NTIC AVENUE	
DAYTONA BEACH,	VTIC AVENUE Address FL 32118 State and Zip gent and/or office: Vame VIIC AVENUE (P.O. Box NOT acceptable)	
6. The name and address of the new registered ag	gent and/or office:	
CHARLES A. BRAY	SSEE R	
600 NORTH ATLAN	600 NORTH ATLANTIC AVENUE	
Florida street address	(P.O. Box NOT acceptable)	
DAYTONA BEACH	FL 32118	
City, St	tate and Zip	
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability company or a series of the limited liability or series of the liability or series of the limite		
Signature of a member or authorized representative of a member	r)	
(Printed or typed name of signee)		
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to act in this capacity. I further agree to it to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.	
	O. Box 6327, Tallahassee, FL 32314	
~	- · · - · · · · · · · · · ·	

FILING FEE: \$25.00

INHS18(10/99)