M01000002630

(Requestor's Name)		
(Ad	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
`		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





500138662105

DECTO MILLOS

B. KOHR

DEC 1 0 2008

EXAMINER

OB DEC 10 PH 1: 45



ACCOUNT NO. : 072100000032

REFERENCE :

7675879

BOEC 10 PM 1: 15

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: December 2, 2008

ORDER TIME : 10:10 AM

ORDER NO. : 810240-012

CUSTOMER NO: 7675879

CHANGE OF AGENT

NAME: BRO ENTERPRISES, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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. Name of the limited liability company: BRO ENTERP	RISES, L.L.C.		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 2513 Southwest Avenue Harlan, IA 51537		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	THE PROPERTY OF THE PROPERTY O		
	7.3		
11/19/2001	M01000002630		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	the records of the Florida Dept. of State:		
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: Corporation Service Company		
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301		
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. (Signature of a member or authorized representative of a member)			
Maureen Cullen, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited timbility company has been notified for poration service company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00