## Division of Corporations **Electronic Filing Cover Sheet**

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From:

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Account Number : FCA000000023

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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Em 3	4	7	Address:	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICK HOUSE ACQUISITION FL, LLC

Certificate of Status	0
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### **FAX COVER SHEET**

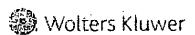
TO		
COMPANY		
FAXNUMBER	18506176383	<u> </u>
FROM	Kimberly Laughrey	
DATE	2018-01-18 14:32:13 CST	
RE	BRICK HOUSE ACQUISITION FL, LLC	

#### **COVER MESSAGE**

;<del>:</del>· Robert Sholl

Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338 GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801, www.wolterskluwer.com

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of  State: Brick House Acquisition FL, LLC	
State: Brick Flouse Adquisition 1 E, E20	
Enter new principal office address, if applicable:	
(Principal office address  MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is:	
3. Jurisdiction of its organization:	
4. Date authorized to do business in Florida: 211102	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C.," or "LEC.")	·
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attached copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida Street Address	
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.	

Title/Capacity Mannae®, VPLSeC Ste	Name	Address	Type of Action
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9. Attached is a c	ertificate, if required; no more than 90 da	ys old, evidencing the e official having custody of records in t	

Filing Fee: \$25.00