

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000295543)))



H240000295543ABC+

To:		_	JAH 2	
		Division of Corporations		
	Fax Number	: (850)617-6383	AS	
From:			Sec. 3	
	Account Name	: REGISTERED AGENTS INC.	🔐 ್ 🖰	
	Account Numbe	er : I20090000081		
	Phone	: (307)200-2803		
	Fax Number	: (813)436-5206	·	

## SA JAH 22 PH 3: 55 SA JAH 22 PH 3: 55 WASEPUT STREET SHIELS TALL

## LLC REGISTERED AGENT CHANGE BROWNSTONE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

To 18506176383

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)		(b)	
•	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/14/02	M0	02000000417
	Date of filing/registration in Florida	4.	Document number
(a)	Wherry, Brian		
•	Registered Agent and Registered Office shown on the records of		
	27101 Tremaine Rd		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	TALLAHA
	Euclid . FL	44 132	M 22 AHAS
(b)	Registered Agents Inc		SSEE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	7901 4th St N		TE €
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
e cha ent v is/we e arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the register ability comp of the limite	red office and the business office of the register pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in
12	ture of a member or authorized representative of a member	Robin J	lones
٠ ٠			Printed or typed name of signee

David Roberts

- Assistant Secretary