## M0700000411

• (Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
		-			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F					
	٠	·			
	·				





600131795896

06/27/08--01040--011 \*\*25.00

08 JUN 27 AH 9: 54
SECRELLARY OF STATE

## Corporate direct/

Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 775-824-0105 - FAX 775-284-7168 - Mike Martin Direct

June 23, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Browndeer Group Holdings LLC

Dear Clerk:

Enclosed please find two original copies of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your kind attention to this matter, should you have any questions concerning this application please do not hesitate to contact me.

Best Regards,

Mike Martin

Account Representative

:mm Enclosures

## **COVER LETTER**

TO:	Registration Section Division of Corporations	,
	· ·	
SUBJ	ECT: Browndeer Group Holo	
•	. (Name	e of Limited Liability Company)
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to the following:
Mike N	Martin	
WIIICO II	(Name of Person)	<del></del>
Corpo	rate Direct, Inc. (Firm/Company)	<del></del>
348 M	ill Street	
	(Address)	
Reno	NV 89501 (City/State and Zip Code)	<u> </u>
	(City/State and 21p Code)	•
For fu	orther information concerning this ma	itter, please call:
Mike I	(Name of Person)	at ( 775 ) 284-7168 (Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follow	ing amount:
		\$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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 limi	ted liability company: Brownde	er Group Holdings LLC	<u> </u>	Ð
	ice address of limited liability comp ST BE STREET ADDRESS)	any: 60 East Simpson Ave Jackson, WY 83001		•
(b) Mailing addr (Note: MA	ress of limited liability company:  Y BE POST OFFICE BOX	60 East Simpson Ave., F Jackson, WY 83001	PO Box 2869	<b>=</b>
<u>January 22, 2007</u>		M07000000411		
<ol><li>Date of filing/reg</li></ol>	gistration in Florida	4. Document number		
5. (a) Registered A	Agent and Registered Office shown	on the records of the Florida	Dept. of State:	<b>s</b>
Registered A	agent:	Sainvil, Wadson	Pro L	ĝ =
Registered C	Office Address:	6665 Racquet Club Drive Fort Lauderdale, FL 33319	200 <b>3</b>	
(b) Enter name of	of <b>NEW Registered Agent</b> and/or <u>I</u>	NEW Registered Office add	dress:	La Marie
<u><b>NEW</b></u> Regis	tered Agent:	Gerri Detweiler		<b>+</b>
	tered Office Address:  FLORIDA STREET ADDRESS)	1037 Greystone Lane		
		Sarasota	FL 34232	
that after the change office of the register hereby confirmed the liability company on limited liability com	ey company is not organized under to or changes are made, the Florida's red agent will be identical. Or, in that the change(s) was/were authorized as otherwise provided in the article apany.  authorized representative of a member)	treet address of the registered te case of a Florida limited li ted by an affirmative vote of t	d office and the busines ability company, it is the members of the limi	is ited
Mike Martin (Printed or typed name of	signee)			
I hereby accept the comply with the pro am familiar with an F.S. Or, if this doct confirm that the lim	appointment as registered agent ar visions of all statutes relative to the d accept the obligations of my posit iment is being filed to merely reflec ited liability company has been not	nd agree to act in this capaci proper and complete perfor ion as registered agent as pr t a change in the registered of fied in writing of this change	ty. I further agree to mance of my duties, an vovided for in Chapter ( office address, I hereby e.	d I 508,
(Signature of Registered	Agent) mn			

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