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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Broadwicoel. Co	M LLC ed Liability Company	
Dear Sir or Madam:	a minority company	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
DENUTS CUMTNEHAM		
Name of Person		
BEAREINED COM ILC		
Firm/Company		
14243 US HWY # 1		
City/State and Zip Code		
E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
DENUTS CUMTUB HAM all	561 308-0959	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301,	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: Broker	Will com, LLC
2. (a) Principal office address of limited liability company	ද <u>ු</u>
(Note: MUST BE STREET ADDRESS)	14243 US HWY I &
(b) Mailing address of limited liability company:	74
(Note: MAY BE POST OFFICE BOX)	14243 US HWY I :0
3. Date of filing/registration in Florida	M0800000 4120 1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	EARL K. MALLORY, ESQ
Registered Office Address:	1907 Commelle Lu
	SUITE 104 OTURITER, FL 33458 US
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent:	Registered Office address: DEUNTS CUNNTUL HAM
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14243 US HWY #7
	JUNO BEACH ,FL 33408
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a number or authorized representative of a member	orida street address of the registered office
Printed or typed name of signle	
I hereby accept the hippointment as registered agent and ag comply with the probations of all statutes relative to the pro- and I am familia with and accept the obligations of my pos Chapter 608, F(S. On, if this document is being filed to mer address. Thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 632 FILING FEE: \$2	