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(Re	(Requestor's Name)				
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SECRETATOR OF STATE

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1. HARRIS

## **COVER LETTER**

egistration Section vivision of Corporations

/14)

T: BRANCH BUILDING GROU	P LLC						
Name of Limited Liability Company							
or Madam:							
sed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.					
urn all correspondence concerning this	s matter to the fo	ollowing:					
.una							
Name of Person							
Lawyer							
Firm/Company	.=:	_					
anite Parkway, Suite 215							
Address		_					
TX 75024							
City/State and Zip Code		_					
)legalinc.com							
ail address: (to be used for future annu	ual report notific	ation)					
r information concerning this matter,	please call:						
.una	818 at (	967-1467					
Name of Person		Area Code & Daytime Telephone Number					
rretr/courier address: egistration Section ivision of Corporations lifton Building 561 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
nclosed is a check for the following	amount:						
I \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

## TEMENT 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.

I. Na	me of the limited liability company: BRANCH BI	ŲILDIN	G GROU	PLLC
2. (a)			• •	
į	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	813 B COLUMBIA AVE		813 B	COLUMBIA AVE
	FRANKLIN, TN 37064	<del></del>	FRA	NKLIN, TN 37064
	01/14/2013		M13000	0000293
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC			
J. (µ)	Registered Agent and Registered Office shown on the records of Registered Office Address  (MUST BE FLORIDA STREET)		·	ate:
	1200 South Pine Island Road	,	•	
	Plantation	L 3	3324	TALL SEC
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>			LAHAY 24
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> LEGALINC CORPORATE SERVICES INC	·. •	ddress:	PH 2: 41 SEE. FLORID.
	NEW Registered Office Address:	·		
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MEYERS ,F	L	33907	
Signa  I here provise the object of mer notifie	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nure of a member of authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completely reflect a change in the registered office address, if the of Registered Agent	of the reg liability of of the li e limited	gistered officompany, it mited liabil l liability co	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  To GCCS  Printed or typed name of signee