

(((H210000981993)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Email Address:_

LLC REGISTERED AGENT CHANGE **BRAXTON ACQUISITIONS, LLC**

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(((H21000098199 3)))

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

Pursua submit Florid	ant to the provisions of sections 605.0. s the following statement in order to a) change ils regi:	stered	office or re	gistered age	ed limited lial nt, or both, i	oility co n the .	ompany State of	
	me of the Limited Liability Company:	BRAXTON AC	JUUI	SITIONS,	LLC				
2 (a)	5955 TG Lee Blvd., Suite 500	ndward Drive							
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)						
	Orlando, FL 32822 4/1/2013			Orchard Park, NY 14127 M13000002022					
3.	Date of filing/registration in	Florida	4.		Document n	umber			
5. (a)	CORPORATION SERVICE C	OMPANY			-				
, ,	Registered Agent and Registered Office show	n on the records of th	e Florid	la Dept. of State	e:				
	1201 HAYS STREET				_				
	Registered Office Address (MUST BE FI	ORIDA STREET AL	DDRES	<u>S)</u>					
	TALLAHASSEE	, FL_	3230)1	-		21		
(b)	Capitol Corporate Services, In	IC.			_		NAR	"E's	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			idr ess :			29		
	515 East Park Avenue 2nd Fl				-			(E)	
	NEW Registered Office Address:			<u></u>	-		∓ : 13		
	Tallahassee	, FL_	3230)1	_	· 함 · ^^			
the chr agent v was/w	imited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of the operating a	street address of t Torida limited lial of the members of	he regional he region in the line in the l	istered office company, it is nited liability liability con	e and the bus s hereby conf y company of npany.	iness office of irmed that the	the rep	gist ere d se(s)	
C:	Jann Willen			Jason Cu		nd name of signa			
~	Mre of a member or authorized representative of by accept the appointment as registere ions of all statutes relative to the prop- ligations of my position as registered of ely reflect a change in the registered of d in writing of this change.		e to ac perform for in ereby c	et in this cap nance of my Chapter 60: confirm that		ed name of signed er agree to co am familiar w this document ability compa		vith the daccept ng filed been	
	_Stephanic Weny-	Stepner	nie De	enny, Asst.	Secretary				
Signati	are of Registered Agent					ervices, Inc.			
	Division of Corne	rationes POR	o v 632	7a Tallaha	IRCO, FL 3231	14			

INHS18 (2/14)

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