

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. DENNIS				

Office Use Only



400438044894

2024 HOV 25 PM 3: 14



RECEIVED

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.

1.	Name of the limited liability company: BRIGHTLINE	E MANAGEME	ENT LLC	
2. (a	a)	(b)		
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	350 NW 1ST AVE, STE 200	3	350 NW 1ST AVE, STE 200	
	MIAMI, FL 33128		MIAMI, FL 33128 M15000007692	
	09/25/2015	M		
3.	Date of filing/registration in Florida	4.	Document number	
5. ((a)			
J. (Registered Agent and Registered Office shown on the record.	s of the Florida De	ept. of State:	
	BERGMANN, CYNTHIA,		20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		SEC SAL	
	350 NW 1ST AVE, STE 200		AND THE REPORT OF THE PARTY OF	
	MIAMI	, FL 33128	2024 NOV 25 PM 12: 05 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE ORDER	
			PH.	
(l	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2:0	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		三 5	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	. FL		
chan agen was/	te limited liability company is not organized under the nge or changes are made, the Florida street address of at will be identical. Or, in the case of a Florida limited/were authorized by an affirmative vote of the member articles of organization or the operating agreement of	the registered of the liability compers of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) of liability company or as otherwise provided in	
/	/s/ Kolleen Cobb	Kollee	n Cobb, Authorized Person	
Sig	gnature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to m	creby accept the appointment as registered agent and visions of all statutes relative to the proper and complobligations of my position as registered agent as provered vigent as provered vigent as provered vigent as change in the registered office address fied in writing of this change.	agree to act in ete performand ided for in Cha , I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
	/s/ Grace E. Kirby	<u>Gra</u>	Grace E. Kirby, Asst Vice President	
Sign	nature of Registered Agent			