

M15000007885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

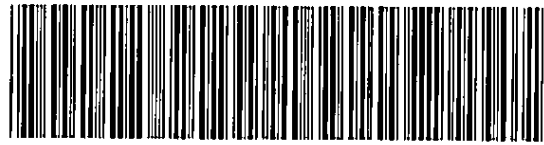
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 14 AM 3:51

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RA/RG/CH8

OCT 15 2021
ALBRITTON

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2021 OCT 14 PM 3:37

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 107603 5045187

AUTHORIZATION : 

COST LIMIT : \$25,000

ORDER DATE : October 14, 2021

ORDER TIME : 2:50 PM

ORDER NO. : 107603-015

CUSTOMER NO: 5045187

CHANGE OF AGENT

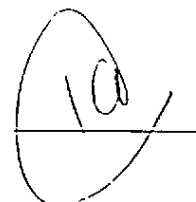
NAME: BRAVOFLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bravoflorida, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Condon

Name of Person

Bravoflorida, LLC

Firm/Company

4220 Edison Lakes Parkway, Suite 300

Address

Mishawaka, IN 46545

City/State and Zip Code

jmcondon@qdi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Condon

Name of Person

at (574) 243-6383

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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: Bravoflorida, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

4220 Edison Lakes Parkway, Suite 300

Mishawaka, IN 46545

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4220 Edison Lakes Parkway, Suite 300

Mishawaka, IN 46545

October 1, 2015

M15000007885

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Daniel B. Fitzpatrick

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3018 U.S. Highway 301 N., Suite 100

Tampa, FL 33619

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John C. Firth, President

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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