M15000009175

(Requestor's Name)
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PICK-UP WAIT MAIL
(Dunings Entity Name)
(Business Entity Name)
(Document Number)
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10/19/18--01020--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Broad Management Group LLC	
Name of Foreign Limited Liability Company	_
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott Brown	
Name of Person	
Gunster, Yoakley & Stewart, P.A.	
Firm/Company	
401 East Jackson Street, Suite 2500	• }
Address	٠ .
Tampa, FL 33602	
City/State and Zip Code	4.1
sbrown@gunster.com	- V
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott Brown 31,6813 739-6961	
Name of Person Area Code & Daytime Telephone Numb	 er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: \$\Bigsize \text{\$25 Filing Fee & \$\Bigsize \text{\$55 Filing Fee & }\Bigsize \text{\$60 Filing Fe} \text{\$Certificate of Status} \text{\$Certified Copy} \$Ce	f Status &

CR2E055 (9/15)

· APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

		. (,		
Name of limited liability Com			Florida Depa	artment of	
State: Broad Managen	nent Group I	<u>LC</u>	·		
Enter new principal office addres	s, if applicable:				
(<u>Principal office address</u> MUST BE A STREET ADDRES	<u>(3</u>)				
Enter new mailing address, if app (<u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u>					
2. The Florida document number	of this limited fial	oility company is: M	1500000	9175	
3. Jurisdiction of its organization	New York				
4. Date authorized to do business					
SECTION II (5-9 complete only	the applicable c	hanges)		• •	
5. New name of the limited liabil					
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability C	managers or man	aging members adopt			
6. If amending the registered ager registered agent and/or the new re	gistered office ad	dress here:			
Name of New Registered Agent:	Gunster, Yo	akley & Stewar	t, P.A.	Attn: Scott Brown	
New Registered Office Address: 401 East Jackson Street, Suite 2500					
			er Florida St		
	<u>la</u>	mpa		, Florida 33602 Zip Code	
New Registered Agent's Signatur I hereby accept the appointment of the provisions of all statutes relat and accept the obligations of my document is being filed to merely liability company has been notifie	is registered agen ive to the proper (position as registe reflect a change (it and agree to act in a and complete perform ered agent as provided in the registered office is change.	nance of my d d for in Chap e address, I h	I further agree to comply with luties, and I am familiar with ter 605, F.S. Or, if this	
		/s/ Scott Br	own		

If Changing Registered Agent, Signature of New Registered Agent

le/ Capacity	<u>Name</u>	Address	Type of Action	
AS_	Cyril Bijaoui	PO Box 330589, Miami, FL 33133 ■Add		
			Remo	
			Add	
			Remo	
			∏∧dd	
			Remo	
			Add	
			Remov	
			Add	
			Remo	
	certificate, if required: no more thated amendment(s), duly authenticate	n 90 days old, evidencing the ed by the official having custody of records in the organized.	Remo	

Filing Fee: \$25.00