

M16000000934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

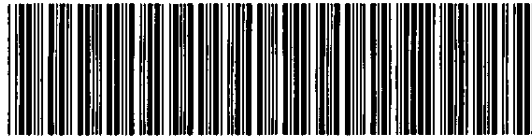
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

16 MAY 25 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

16 MAY 25 PM 1:57

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

MAY 27 2016  
J. HARRIS

67  
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 154737 7747669

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 25, 2016

ORDER TIME : 12:55 PM

ORDER NO. : 154737-010

CUSTOMER NO: 7747669

FOREIGN FILINGS

NAME: BR1 HOLDINGS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BR1 HOLDINGS, 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:

DEBORAH CARRICK

Name of Person

BR1 HOLDINGS, LLC

Firm/Company

3801 PGA BLVD., SUITE 555

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

SBLAIN@BANKRATE.COM

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

For further information concerning this matter, please call:

DEBORAH CARRICK

Name of Person

at ( 561 ) 317-3065

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 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:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2016

CSC  
MELISSA ZENDER

SUBJECT: BR1 HOLDINGS, LLC  
Ref. Number: M16000000934

**RESUBMIT**  
Please give original  
submission date as file date.

FILED  
16 MAY 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BR1 HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00011158

RECEIVED  
DEPARTMENT OF STATE  
16 MAY 26 PM 4:24  
NOT INTEND  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BR1 HOLDINGS, LLC

Enter new principal office address, if applicable: 3801 PGA BLVD., STE 555

(Principal office address

MUST BE A STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000934

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 2/03/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

16 MAY 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Deborah Carrick  
Signature of the authorized representative

**DEBORAH CARRICK**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA