## M16000001410

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

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: March 29, 2021

Order#: 730997-003

Re: BRADF, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX\_\_\_ Check in the amount of \$25\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

2. (a)	2922 HATHAWAY ROAD	(b)	2922 HATHAWAY ROAD
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(11)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	RICHMOND, VA 23225		RICHMOND, VA 23225
	02/16/2016	М	16000001410
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	CT CORPORATION		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del> </del>
	PLANTATION	33324	2021 TAI
41.5			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		7
	Tallahassee , FI.	32301	
change agent v was/wo the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Is/ Bonnie L. Wood	registered of the limite limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signat	nue of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I l I in writing of this change.	ee to act in performanc I for in Cha iereby conf	this capacity. I further agree to comply with the re 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

Grace E. Kirby, Asst. Vice President of Corporation Service Company
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

Signature of Registered Agent