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	(Requestor's Name)						
	(Address)						
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Ī	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
	(Business Entity Name)						
$\Pi$	(Document Number)						
Cei	tified Copies Certificates of Status						
Is	pecial Instructions to Filing Officer:						
Office Use Only							



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WAR 27 PARRIS

TO:

PHYSICAL: Dept. of State

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, March 16, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

## For BRUSHBACK CAPITAL, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

## Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502 Attn: Judi Anguiano

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

flursuant 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.

\ \		BRUSHBACK CAPITAL, LLC					
(a)	1616 NE 6th S	of the limited liability company:  616 NE 6th Street  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 1616 NE 6th Street  Mailing address of limited liability company;  (Note: MAY BE POST OFFICE BOX)			
	Fort Lauderda	Fort Lauderdale, Florida		Fort Lauderdale, Florida			
	33304		_ _	3330			
	01/24/17		i	M17000	000743		
	Date of filing	/registration in Florida	4.		Document number		
(a)	BUSINESS FILING	S INCORPORATED					
(2)	Registered Agent and Reg	pstered Office shown on the records of the	he Florida	Dept. of State			
	1200 PINE ISL	AND RD					
	Registered Office Addres	MUST BE FLORIDA STREET A	DDRESS)				
	PLANTATION, F	L 33324			28 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		, FL_			Care In The Indian		
(b)	Registered Agents Inc.				ASSE ASSE		
(0)	inter name of NEW Registered Agent and/or NEW Registered Office address:						
	3030 N. Roc	ky Point Dr.			STATE STATE		
	NEW Registered Office	Address:	<del></del>		Di Do		
	STE 150A						
	Tampa	, FL_	33607				
f 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   Scott A LAMB  Printed or typed name of signee							
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.  Bill Havre  - Assistant Secretary							
Signatu	re of Registered Agent  Di	ivisian of Carparations P.A. R	ns 6177-	Tallahas	El 27214		

FILING FEE: \$25.00

INHS18 (2/14)