## 118000006773

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/20/2021	_
	Eric Marcan	0
Reference #		
Entity Name	BR	ENNAN MANAGEMENT LLC
Article	es of Incorporation/A	uthorization to Transact Business
Amen	dment	
Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other	<del></del>	
Authorized A	.mount:	\$25.00
Signature:	Eric Marcano	

## 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. 1	Name of the limited liability company: BRENNAN	N MANAGEN	MENT LLC
2. (a		(h)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No	o Change
	July 16, 2018		M18000006773
3.	Date of filing/registration in Florida	4.	Document number
5. (a	KRUGER, ROBERT		
`	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:
	1501 W CLEVELAND STREET, SUITE 20	00	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
			202
	TAMPA , F	L_33606	DZI OCT 20 AMII: 55 TELLAHASSEE, FL
(b	COGENCY GLOBAL INC.		TARY OF AMASSE
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	
	115 North Calhoun St., Suite 4		1:55 FATE
	NEW Registered Office Address:		
	Tallahassee	<sub>:L</sub> 32301	<del></del>
the cla agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Stat of the registere liability compa	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
<u>/s</u>	/ MICHAEL W. BRENNAN ature of a member or authorized representative of a member		MICHAEL W. BRENNAN
	· ·		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provia rely reflect a change in the registered office address, a ed in writing of this change.	gree to act in the performance led for in Chap I hereby confir	ns capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
/s/ T	im Mayville		

Tim Mayville, Assistant Secretary

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

Signature of Registered Agent