

M1900000 2863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

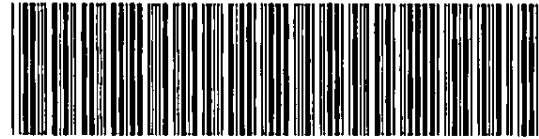
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400329413184

05/13/19--01014--027 \*\*60.00

FILED  
2019 MAY 13 A 12:51  
FALLS CHURCH, VA

FILED

RECEIVED

MAY 2 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Carolina Agent 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:

Christopher S Brand

Name of Person

Agent Group Realty LLC

Firm/Company

1138 Ambling Way

Address

Mount Pleasant, SC 29464

City/State and Zip Code

chrisbrand.broker@gmail.com

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

For further information concerning this matter, please call:

Christopher S Brand at ( 843 ) 345-2932

Name of Person

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

**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: The Carolina Agent Group LLC

Enter new principal office address, if applicable:

NA

*(Principal office address*

***MUST BE A STREET ADDRESS***)

Enter new mailing address, if applicable:

NA

*(Mailing address*

***MAY BE A POST OFFICE BOX***)

2. The Florida document number of this limited liability company is: M19000002863

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: March 15, 2019

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

5. New name of the limited liability company: AGENT GROUP REALTY LLC  
(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

FILED

2019 MAY 13 A 12:51  
RECEIVED  
FLORIDA DEPARTMENT OF  
REVENUE

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

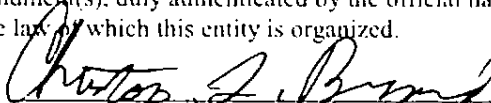
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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.

 5/8/19  
Signature of the authorized representative

**Christopher S. Brand**

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

**Filing Fee: \$25.00**

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

May 08 2019  
REFERENCE ID: 331146

  
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA

SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY -DOMESTIC

Filing ID: 190508-1653287

Filing Date: 05/08/2019

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

CAROLINA AGENT GROUP, LLC THE

2. The date the articles of organization were filed is 02/09/2016.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Agent Group Realty LLC  
Additional Amendment Please name myself Christopher Scott Brand as the Manager. Please eliminate any other officer positions.

Signature: Signed as Authorized Signature: Christopher Scott Brand

Capacity/Position of Person Signing (you must check one box):

☒ Manager ☐ Member ☐ Organizer  
☐ Fiduciary ☐ Attorney-in-Fact

Christopher Scott Brand

(Print or Type Name)

Date: 05/08/2019