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	Division of	Corporations
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From:

To:

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA00000023
Phone	:	(614)280-3338
Fax Number	:	(614)573-3996

			Email Address:			
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	1.1 3:		LLC REGISTERED AGE BRYANT ELECTR		31 AM 9: Ref of STO SSEE, FLO	E E O
	 ::		Certificate of Status	0	ATC	
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	<u>د</u> -	12-	Estimated Charge	\$55.00		

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.

	ame of the limited liability company: BRYANT ELE 8817 NW 21ST TERRACE		S13 RIDG	E LAKE BLVD.	
2. (a)	Principal office address of limited hability company: (<u>Note: MUST BE STREET ADDRESS</u>) DORAL, FL 33172	()	5)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) S. TN 38120-9403	
3.	10/24/2019 Date of filing/registration in Florida PARACORP INCORPORATED	 4.	M19000010	260 Document number	
5. (a)	Registered Agent and Registered Office shown on the records 155 OFFICE PLAZA DRIVE Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1ST FLOOR	<u>\$)</u>	_		
(b)	TALLAHASSEE I C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	FL		FILED 2025 JAN 31 AM 9: 06 SECRETATE OF STATE FATLANDISCE, FLORID.	
	<u>NEW</u> Registered Office Address: 1200 South Pine Island Road			-	
	Plantation	FL		_	
the cha agent v was/wa the arti	imited 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 gre authorized by an affirmative vote of the members of organization or the operating agreement of il ames A. Howard	laws of the of the regi liability c s of the lin he limited	stered office ompany, it i nited liabilit liability con	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in	
	ture of a member or authorized representative of a member		Printed or typed name of signee		
1 here provisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple	igree to ac de perform	t in this cap ance of my	acity. I further agree to comply with the duties, and I am familiar with and accep	

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. C T Corporation System By:

(Ann SEAN L. EMERICK, ASSISTANT SECRETARY

Signature of Registered Agent

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