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Page: 2 of 3

Division of Corporations 1/22/2021

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Division of Corporations

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Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE BRAXTON SCIENCE & TECHNOLOGY GROUP, LLC

Certificate of Status	O O
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Page Count	02
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From; James Tanks III

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

2021-01-22 09:37 03 CST

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.

I. Na	une of the limited liability company: BRAXTON SCI	ENCE & TECH	NOLOGY GROUP, LLC
2. (a)	, ,	(b)	
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	5757 RIVERSIDE DR	559	E PIKES PEAK STE 300
	CAPE CORAL, FL 33904	COLORADO SPRINGS, CO 80903	
	06/23/2020	M20	000005709
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	KEVIN O'NEIL		
5. (a)	Registered Agent and Registered Office shown on the records o	t the Florida Dep	t, of State:
	Registered Office Address	'ADDRESS)	7021 JAN 22
	W MELBOURNE , F	32904 L	
(b)	C T Corporation System		OF STATE
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, F	L	
the ch agent was/w	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 large authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa s of the limited	any, it is hereby confirmed that the change(s). Hisbility company or as otherwise provided in
Michael R. K		R, Kolloway	
	ature of a member organitorized representative of a member		Printed or typed name of signee
provit the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	ded för in Cha I hereby confu	pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
By: Signal	C T Corporation System TE	ERRIE BATES -	ASSISTANT SECRETARY

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