Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

LLC REGISTERED AGENT CHANGE BRYTEBRIDGE FILECO, LLC

Certificate of Status	0
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Page Count	02
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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. N	ame of the limited liability company: BRYTEBRIDGE (FILECO, LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/20/23	M2300	00014835
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DAVIS. BRIAN		
ν. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	7021 UNIVERSITY BEVD.		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	WINTER PARK	32792	2024
(b)	Northwest Registered Agent LLC		2024 FEB 16
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	tari da
	7901 4th St N		平
	NEW Registered Office Address:	·	~3
	STE 300		
	St. Petersburg, IFI	33702	
the cha agent v was/w	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	dure of a member or authorized representative of a member	Nat Smith	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
_/ /	Taylor Newman - Assistant S	ecretary	