

PO1000027609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

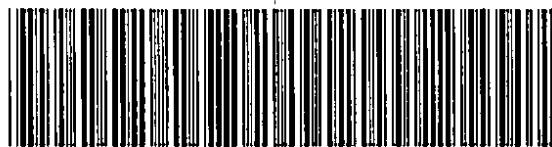
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**COVER LETTER**

2018 JAN -8 PM 12:54

TO: Amendment Section  
Division of Corporations

SUBJECT: **BRL TEST, INC.**  
Name of Corporation

DOCUMENT NUMBER: **P01000027609**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Cathleen McLellan**

Name of Contact Person

**BRL TEST, INC.**

Firm/Company

**624 Douglas Ave. Ste. 1406**

Address

**Altamonte Springs, FL 32714**

City/State and Zip Code

**accounting@brltest.com**

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

For further information concerning this matter, please call:

**Cathleen MCLellan**

Name of Contact Person

**407 491-1991**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BRL Test, Inc.
2. The principal office address: 624 Douglas Avenue Ste 1406  
Altamonte Springs, FL 32714
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/16/2001 Document number: P01000027609

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

STEPHEN, MCLELLAN J  
624 DOUGLAS AVE SUITE 1406  
ALTAMONTE SPRINGS, FL 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cathleen, McLellan S  
624 DOUGLAS AVE SUITE 1406  
P.O. Box NOT acceptable  
ALTAMONTE SPRINGS, FL 32714

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Cathleen S. McLellan  
Signature of an officer or director

Cathleen S. McLellan Owner/CEO  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Cathleen S. McLellan  
Signature of Registered Agent

1/02/2018

Date

If signing on behalf of an entity:

Cathleen S. McLellan  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

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