P05000025107

| (Req | uestor's Name) | | _ | |
|---|------------------|----------|---|--|
| (Add | ress) | <u> </u> | _ | |
| (Add | ress) | | - | |
| (City | /State/Zip/Phone | #) | _ | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | iness Entity Nam | ne) | - | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |



RAIROICHS M. H.n.06



000069129760

03/31/06--01054--011 **35.00

SLUKCIÁKI UT SÍATI ALLAHASSEE, FLORIO

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|---|---|--|--|--|
| SUBJ | ECT: Brazen Knobs & Knockers, In (Name of Cor | C. poration) | | |
| BOCU | UMENT NUMBER: P05000025107 | | | |
| The en | nclosed Statement of Change of Registered Office/A | Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter to | o the following: | | |
| | Jena Rissman Atlass (Name of Conta | act Person) | | |
| Savage & Atlass, P.L. (Firm/Company) | | | | |
| 801 NE 167 Street, Suite 302 (Address) | | | | |
| North Miami Beach, FL 33162 (City/State and Zip Code) | | | | |
| For fu | rther information concerning this matter, please cal | 1: | | |
| Jena | Rissman Atlass (Name of Contact Person) | at (305) 651-4101 (Area Code & Daytime Telephone Number) | | |
| Enclos | sed is a \$35.00 check made payable to the Departm | ent 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. | | | | |
|--|--|--|--|--|
| The name of the corporation: Brazen Knobs & Knockers, Inc. | | | | |
| 2. The principal office address: 4800 SW 51 Street, Suite 104, Davie, FL 33314 | | | | |
| 3. The mailing address (if different): | | | | |
| 4. Date of incorporation/qualification: February 8, 2005 Document number: P05000025107 | | | | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | | | |
| Miami Center Registered Agents, LLC | | | | |
| 201 S. Biscayne Blvd., 17th Floor | t • | | | |
| Miami, FL 33131 | 易令 | | | |
| Miami Center Registered Agents, LLC 201 S. Biscayne Blvd., 17th Floor Miami, FL 33131 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Savage & Atlass, P.L. | THE STATE OF THE S | | | |
| Savage & Atlass, P.L. | 307 | | | |
| 801 NE 167 Street, Suite 302 | Dr. | | | |
| (P.O. Box NOT acceptable) North Miami Beach, FL 33162 | us d' | | | |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical. | gent, | | | |
| 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. | | | | |
| Jena Rissman Atlass, President (Printed or typed name and little) | | | | |
| 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, document is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change. | nance if this at the | | | |
| Dea 12/1/100 3/24/06 | | | | |
| (Signature of Registered Agent) (Date) | | | | |
| If signing on behalf of an entity: | | | | |
| Jena Rissman Atlass (Typed or Printed Name) | | | | |

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