

P10000087080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
C. H. [Signature]

2-26-13

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 2 COLLEGE BROTHERS  
Name of Corporation

DOCUMENT NUMBER: P1 0000087080

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:

Bryan Weschen  
Name of Contact Person

2 College Brothers  
Firm/Company

530 W. UNIVERSITY AVE.  
Address

Gainesville, FL, 32601  
City/State and Zip Code

Bryan@2collegebrothers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Weschen at (770) 728-8261  
Name of Contact Person 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: 2 college Brothers, Inc.
2. The principal office address: 530 West University Ave.  
Gainesville, FL 32601
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 10/27/2010 Document number: P10000087080
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)

3000 NW 83<sup>rd</sup> St. Gainesville, FL 32606

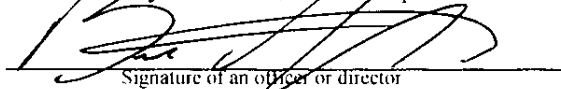
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

530 West University Ave.  
Gainesville, FL 32601

P.O. Box NOT acceptable

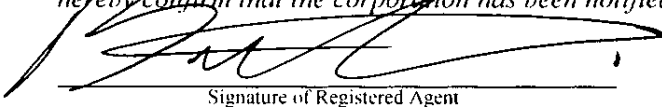
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Bryan Woschler, 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.

  
Signature of Registered Agent

02/11/2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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