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| то: | Amendment Section Division of Corporations |
|----------|---|
| SUBJE | CT: Brehm & Brammer, P.A. Name of Corporation |
| DOCU | ment number: <u>β1500052552</u> |
| The end | losed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Drehm & Brehm Name of Contact Person Brehm & Brammer, P.A. Firm/Company 2681 Rossavelt Blvd., Apt. 4307 Address Clearwater FL 33.760 City/State and Zip Code [brehm & brehmand brammet, com_ E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| | Lultun Brehm at (727) 743-7680 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclose | d is a \$35.00 check made payable to the Department of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 |
|---|
| 1. The name of the corporation: Brehm & Brammer, P.A. |
| 2. The principal office address: 4500 140th Ave., North Suite 116 |
| Clearwater, FL 33762 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 06-16-2015 Document number: P150000 52552 |
| 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) |
| CT Corporation |
| P.O. Box 4349 |
| Carol Stream, TL 60197-4349 6. The name and street address of the new registered agent (if changed) and /or registered office 2019 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Lu Ann Brehm |
| 2681 Roosevelt Blvd, Apt. 43077 = = |
| P.O. Box NOT acceptable Charwater, FL 33760 |
| , , , , , , , , , , , , , , , , , , , |
| 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. |
| Signate than office or arrector Lu Ann Brehm CPA Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I faither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, 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 05/20/19 Date |
| If signing on behalf of an entity: Lyde Buch Typed or Printed Name |

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