## P1700000349/

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Brim 5, Inc.

Name of Corporation
P17000003491

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:

Matthew D. Wolf, Esq

Name of Contact Person

The Law Office of Matthew D. Wolf, PLLC

Firm/Company

9016 Egret Cove Circle

Address

Riverview, FL. 33578

City/State and Zip Code

mdw@matthewwolflaw.com

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

For further information concerning this matter, please call:

Richard Brightman

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of 607.0502 ored agent, or both, in the State of Florida.	-
	the corporation: Brim 5, Inc.	rea agent, or voin, in the state of Ptortaa.	
2. The principal	office address: 701 S. Howard Av	e 106-364, Tampa, FL. 33606	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 1/10/2017	Document number: P1700003491	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		
	Matthew D. Wolf		
	701 S. Howard Ave 106-364		
	Tampa, FL. 33606		
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered office	OISIAIG 1938
	Matthew D. Wolf	t (I changed) and 701 registered of fice	至二
	9016 Egret Cove Circle		CORP
	P.O. Box NOT: Riverview, FL. 33578	acceptable	CRAIN
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered age	:nt,
Such change wa authorized by th	as authorized by resolution duly adopted poard, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
A		Michael D. Chancey, Secretary	_
I hereby accept I further agree t performance of agent. Or, if thi	re of an officer or director  the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	scept the obligation of my position as registered oct a change in the registered office address, I	
(		03/13/2017	
	half of an entity:	Date	-
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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