Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800) 345-4647

Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE BROWN DISTRIBUTING COMPANY OF WEST PALM BEACH

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V HERRING APR 2 7 2017

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 VIRGINIA in order to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of the corporation: BRC				<u>SEA</u> CH	
2. The principal office address: 1300	Allendale Rd, We	est Palm Beach, FL 3	3405		
3. The mailing address (if different): 7	1986 Villa Park Dr	ve, Richmond, VA 2	3228		
4. Date of incorporation/qualification:	12/29/1988	_ Document munber: P2	2340		
5. The name and street address of the of Florida Department of State: (If resignation of the control of the con		and registered office on fil	e with the		
Rollins, Christian			<u> </u>	201	
1300 Allendale F	₹d		_	2017 APR 26 AM \$= 50	
West Palm Beac		33405	_	APR 26	
6. The name and street address of the n	sus now registered agent (if	्र्यम् देशकः (changed) and /or registered	office	o (8)	
(if changed):				\$ §	
Capitol Corporate	e Services, Inc.		<u> </u>	49	
155 Office Plaza	Drive, Suite A	· Ata		5 0	
Tallahassee	FL	32301		,	
The street address of its registered offi as changed will be identical.	sub-	Zp Code see of the business office o	f its registered agent.		
as changed will be identical. Such change was authorized by resolu authorized by the board, or the corpon					
suniorized by the volled, or the carpon	Titou nas com noursed	TO			
Elighnians of an officer or director		Printed or typed manife ma			
[hereby accept the appointment as rej further agree to comply with the pro- performance of my chiles, and I am fa opent. Or, if this document is being fi- vereby confirm that the corporation he	gistered agent and agr visions of all statules r miliar with and accept led merely to reflect a as been notified in writ	ee to act in this capacity, elative to the proper and c the obligation of my posit change in the registered of ting of this change.	omplate ion as registered fice address, I		
Dulanii Case Signatura of Registered Agent		4.24.17 Date			
f signing on behalf of an entity:					
Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.					
* * * FILING FEE: \$35.00 * * *					

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2EU45 (03/12)

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