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(Re	questor's Name)					
(Ad	dress)					
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RACIA

TRANSM ITTAL LETTER

D wision of corporations					
SUBJECT: BRYKE CORP. (Name of comporation)					
DOCUMENT NUMBER: P020000 1680.					
The enclosed Statem ent of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
DANIEL SASLANCHIK. Name of person)					
BRYKE CORP. Name of firm /com pany)					
(N am e of firm /com pany)					
4775 COLLINS AVE # 1205					
(A ddmss)					
Meshi Beach FL - 33140 -					
For further in form ation concerning this matter, please call:					
DANIEL SASLAVCHIK at (786) 355 0892 (Name of person) (A rea code & day time telephone number)					

Enclosed is a \$35.00 check m ade payable to the D epartm ent of State.

M ailing Address:
Am endmentSection
Division ofComporations
P.O.Box 6327
Tallahassee, FL 32314

Am endm entSection

TO:

Street Address:
Am endmentSection
Division of Comporations
409 E.Gaines Street
Tallahassee, FL 32399

STATEM ENT	OF CHANGE O		OFFICE OR RE PORATIONS	GISTERED	AGENT OR BO	TH FOR
change is submitte	d for a corporatio	n organized under	02,607.1508,or61 the lawsofthe State oth, in the State of F	eofP	da Statutes, this sta (
1.The nam e of the	comporation:	BRYKE	coel.			
2.The principal of	fice address:		Cours	AVE	# 1205	
3. The mailing add	less (if different):		33,40			
4.D ate of incorpo	ration (qualification)	1:01/04/200	2 Docum entragentand megisteme	· ·		01680
r DIMa D eparmi		OTH LE	eanando	Δ.		
_	CLO ROTH	ROUSSO 8	e darract	L.P4	. 75 SE	무
_	·	<u>-</u> '	LUD. QUIT	-	وس سيا	为第一3302
6.The nam e and s (if changed):	tmetaddress of th		ent (if changed) and		مار ماران ماران	O PA F
	4775	COLLINS	SASLA: AVE al m aibox N O T acceptable	# 120		ORIUN.
_	HIAMI	BEACH		 33/40)	
The street address changed will be in	s of its registered dentical	office and the stre	etaddress of the bu	siness office	of its registered ac	gent, as
Such change was the board, or the o	authorized by respondent has be	'	ted by its board of ting of the change.	NIEL SA	sc4v crain	
(,	comply with the miliar with and to perfect a char riting of this cha	registered agent provisions of all stage accept the obligat age in the registere	and agree to act in a tutes relative to the ion of my position of ed office address, I	this capacity ne proper and as registered hereby confin		ance ofm y document is a tion has
If signing on beha	incur of Registered?	gent)		<u>4-28</u>	(D ate)	<u> </u>
	(Typed or Printed Name)			(Capacity)	