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SEP 1 3 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations Brickell on the River Holdings, Inc f/k/a Begal Investments, Inc. SUBJECT: Name of Corporation P08000083840 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: Aida E. Briele Name of Contact Person Briele & Echeverria, P.A. Firm/Company 5001 SW 74th Court Ste 202 Miami, FL 33155 City/State and Zip Code abriele@becpas.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aida Briele Name of Contact Person 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

1. The name of	the corporation: BRICK	ell on the River Begal Investment	. HOLDINGSINC
2. The principal	office address:	3egal Investment	is the
		SW 74THCT STE 20	2, MIAMI, FL 33155
3. The mailing a	address (if different):	ME	
4. Date of incor	poration/qualification: 9/1	Document number:	P 0 B 0000 8 3 8 4 0
	d street address of the current returnent of State: (If resigned, ent	egistered agent and registered office ter resigned)	on file with the
		INTENANCE SERVIC	
	1000 BRICKE	ELLAVE SUITE	400_
	Miami, FL	33131	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or regi	stered office
	AIDA E.	BRIELE CPA	
		74TH CT STE	202 8
	P.	O. Box NOT acceptable	- Constitution of the Cons
	MIAMI FI	33155	
The street address changed will	ess of its registered office and the identical.	the street address of the business of	V****
=		y adopted by its board of directors s been notified in writing of the cha	
H Oliver Signatu	re of an office for director	MONICA BO	Jami Des
l furthe <u>r agree</u> i performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar w is document is being filed mero	agent and agree to act in this capa of all statutes relative to the proper with and accept the obligation of my ely to reflect a change in the registe notified in writing of this change.	and complete position as registered
	April	8.27	٠. ١٥
Sig	nature of Registered Agent	Date	<u>. </u>
lf signing on be	half of an entity:		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)