## P94 0000 71204

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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT:\_B & R Enterprises,Inc. Name of Corporation P94000071204 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: Robert M. Oresky Name of Contact Person B & R Enterprises, Inc. Firm/Company 3595 Middleburg Drive Wellington, FL 33414 City/State and Zip Code Rmoresky@AOL.Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert M. Oresky 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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	_
	the corporation: B&R Enterp		
	OFOE MEANING		
2. The principal	Wellington, F	<del></del>	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/28/19	94	
	I street address of the current registe timent of State: (If resigned, enter re		
	Oresky, Robert M.		
	14446 Draft Horse Lane		F
	Wellington, FL 33414		ED.
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	ILED ILED
	3595 Middleburg Drive		
	Wellington, FL 33414		
	P.O. Box	NOT acceptable	
The street addreas changed will	ess of its registered office and the stope identical.	treet address of the business office of its registered age	ent,
Such change was authorized by the	is authorized by resolution duly add be board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
Signatu	re of an other or entector	Robert M. Oresky President	_
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as revistered ager to comply with the provisions of all	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address. I	
Polist	THE Orisk	10/04/2019	_
	nature of Registered Agent	Date	
Robert M.C	•		
	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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