L17000204580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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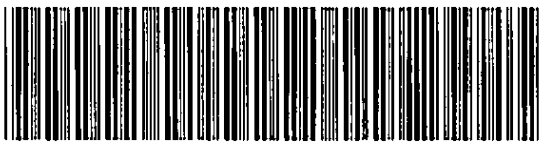

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17 OCT -6 PM 3:19
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brazil Naturals, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo Navajas
Name of Person

Firm/Company

7750 SW 117 Ave Suite 206
Address

Miami FL 33183
City/State and Zip Code

pbnavajas@earthlink.net
E-mail address: (to be used for future annual report notification)

2017 OCT -5 AM 11:10

For further information concerning this matter, please call:

Pablo Navajas at (305) 502-9359
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee
already sent in

☐ $55 Filing Fee & Certified Copy

15

INHS18 (2/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brazil Naturals, LLC
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L16000204580

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Pablo Navajas
Contact Person

Firm/Company

7750 SW 117 Ave Suite 206
Address

Miami, FL 33183
City, State and Zip Code

pbnavajas@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Navajas at (305) 502-9359
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Brazil Naturals, LLC

2. (a) 7750 SW 117 Ave Suite 206
Miami, FL 33183
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)

(b) 7750 SW 117 Ave Suite 206
Miami, FL 33183
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3. 11/7/16
Date of filing/registration in Florida

4. L16000204580
Document number

5. (a) Helana Balkin
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

2020 N. Bayshore Drive #2404
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Miami, FL 33137

(b) Pablo Navajas
Enter name of NEW Registered Agent and/or NEW Registered Office address

7750 SW 117 Ave Suite 206
NEW Registered Office Address

Miami, Fl 33183

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DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

NOEL B NAVAJAS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHSR (12/14)