J24059

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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12/30/11 -- 01000 -- 017 **25.00

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Mochange News 1-24-12

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Bu- Am Inc. Name of Corporation		
DOCUMENT NUMBER: 240 59		
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:		
Name of Contact Person		
BRIT Am Irec. Firm/Company		
Firm/Company		
10653 WILES LD. BROCSion Ed.		
Address		
Corn Slain G 33076 City/State and Zip Code		
City/State and Zip Code		
GILDINA @ Bell South. Het		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
16 PATE 352 8680		
Name of Contact Person at (454) 752 8680 Area Code & Daytime Telephone Number		
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 Mailing Address: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2012

K. PATEL BRIT AM, INC. 10653 WILES ROAD, BROOKSIDE SQUARE CORAL SPRINGS, FL 33076

SUBJECT: BRIT AM, INC. Ref. Number: J24059

We have received your document for BRIT AM, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 412A00000347

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12 JAN 20 AM 10: 12

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BRIT. Am. INC.
2. The principal office address: 10653 VILES. RO. SROOK STORES
Corn String Fr 33.076
3. The mailing address (if different):
4. Date of incorporation/qualification: 97/15/1986 Document number: 1240595
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
9561 WESTVIEW DR. MACHOLIA SHOPE
CORAL SIRINGS FL 33-076
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): 10653 WILES ROOKSIDE SQ
(if changed): 10653 WILES ROOK SIDE SQ CORAL SHRINGS TO 33-76 P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name *** FILING FEE: \$35,00 *** > \$10 Bring attack.
* * * FILING FEE: \$35,00 * * * > \$ 10 Break attack.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)