## 12000042492

(Re	questor's Name)	<del></del>		
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(Address)				
(Address)				
	(0) 1 77 101	<b>10</b>		
(Cit	y/State/Zip/Phone #	<del>7</del> )		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(==	<b>,</b>			
Certified Copies	_ Certificates of	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2013

CRISTIANE REPOLES PEREIRA 3315 PLEASANT AVENUE #221 UNION CITY, NJ 07087

SUBJECT: BRAZILIUS, LLC Ref. Number: L12000042492

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 613A00000529

www.sunbiz.org

D. Silver of Communitions D.O. DOV 6207 Wellshagene Florida 202

## **COVER LETTER**

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TO: Registration Section Division of Corporations				
SUBJECT: Brazilius 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:				
Cristiane Repoles Pereira				
Name of Person				
Brazilius LLC				
75 n Woodward Ave #800-1857				
Address  Tallahassle F (. 32513)  City/State and Zip Code				
admin@Brazilius.com				
E-mail address: (to be used for future annual report notification	n)			
For further information concerning this matter, please call:				
Cristiane Repoles Pereira at 786 264-2747				
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nar	ne of the limited liability company: Brazillus LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Tallahassee, FL 32313 US
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	75 N Woodward Ave # 8000-1857 Tallahassee, FL 32313 US
03/	27/20	12	LT2000042492
3.	Dat	e of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Flor		Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	Business Filings Incorporated
		Registered Office Address:	551 E. Park Avenue Tallahassee, FL 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :  Cristiane Repoles Pereira			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	75 N Woodward Ave # 8000-1857  Tallahassee ,FL 32313 US
co an lia the the	nfired the ability of the control of	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
		Repoles Pereira or typed name of signee	-
		by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer as I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent