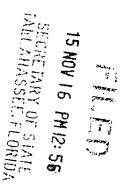
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(Re	equestor's Name)						
(Address)							
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COVER LETTER

TO: Registration Section Division of Corporations								
BRAVO LATINO BRANDS, LLC								
SUBJECT: 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 follow								
Albert Bordas								
Name of Person								
Albert Bordas, P.A.	,							
Firm/Company								
5975 SUNSET DRIVE Suite 705								
Address								
MIAMI, FL 33143								
City/State and Zip Code								
albert@bordasiplaw.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:	•							
Albert Bordas 305 66	69-9848							
	Code & Daytime Telephone Number							
Registration SectionRegistrationDivision of CorporationsDivision of Colifton BuildingP.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314							
Enclosed is a check for the following amount:								
	ng Fee & Certified Copy							
INHS18 (2/14)								

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. N	ame of the limited liability company: BRAVO LA	LINO B	HANDS, L	.LU			
2. (a)	5975 SUNSET DRIVE		(b) 1 ANGELA PLACE 1A				
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-) <u></u>	Mailing address of limite (Note: MAY BE POS			
	Suite 705		BRON	X, NY 10465			
	Miami, FL 33143						
	03/30/2015		L150000	056134			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Albert Bordas						
J. (a)	Registered Agent and Registered Office shown on the records 5975 Sunset Drive	of the Flori	da Dept, of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Suite 607		_ .	>SE	7		
	Miami	_{FL} 3314	3	·	· >2000	15 NOV	
(b)	Albert Bordas				TARY TASSE	9	Park Zinzeri K
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	address:		:TO	P	in Borne Day
	5975 Sunset Drive			_	E. FLORIDA	PH 12: 06	100
	NEW Registered Office Address:				VOI	6 0	
	Suite 705			_			
	Miami , i	_{FL} 3314	3	_			
the cha agent w was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the reg liability s of the li	gistered office company, it mited liabili	ce and the business or is hereby confirmed ity company or as oth	ffice of the	e regis nange(:	tered s)
		A	lbert Borda			· 	
	ture of a member or authorized representative of a member			Printed or typed name	_		_
provisi the obl to mere	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a change in the registered office address, d in writing of this change.	igree to a ite perfor ded for ir I hereby	ict in this ca mance of my i Chapter 60 confirm tha	pacity. I further agre v duties, and I am fan 15, F.S. Or, if this do t the limited liability	ee to compailiar with cument is company	oly with and a being has be	h the ccept filed en
Signatu	ore of Registered Agent						