

L17000197787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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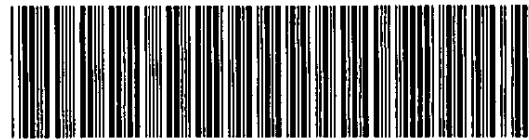
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE FILINGS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRAGACAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Craig R. Hersch

Name of Person

Sheppard Law Firm

Firm/Company

9100 College Pointe Court

Address

Fort Myers, FL 33919

City/State and Zip Code

abalcer@sbshlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Balcer

239

334-1141

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration 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
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: BRAGACAM LLC

2. (a) 4840 Laurel Lane, Fort Myers, FL 33908 (b) 4840 Laurel Lane, Fort Myers, FL 33908

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Effective 09/24/2017 4. L17000197787
Date of filing/registration in Florida Document number

5. (a) Abraham Sadighi
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4801 Laurel Lane, Fort Myers, FL 33908
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33908

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

NEW Registered Office Address:
4840 Laurel Lane

Fort Myers, FL 33908

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.

Abraham Sadighi
Signature of a member or authorized representative of a member 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.

Abraham Sadighi
Signature of Registered Agent

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DIVISION OF CORPORATIONS