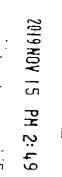
## 1190000 99841

. (Requestor's Name)	
(Address)	8003367
(Address)	0003307
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/15/19==01
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	S TALLEN
Special Instructions to Filing Officer:	OEC 1 6 2019
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Office Use Only	RIPIUH



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## **COVER LETTER**

• 4

TO: Registration Section Division of Corporations						
BRAZILIAN WITHOUT BORDERS 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:						
Fabiana Santin						
Name of Person						
BP TAX ADVISORY LLC						
Firm/Company						
848 BRICKELL AVE SUITE 203						
Address						
33133						
City/State and Zip Code						
fabiana.santin@bptax.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Fabiana Santin 305 4004975						
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						
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: BRAZILIAN V							
2. (a)	33 EAST CAMINO REALAPT 207	(b	(b) 33 EAST CAMINO REALAPT 207					
( <del>-</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	BOCA RATON, FL 3343		BOCA RATON, FL 3343					
	BOOKINION, 12 3343		BOOKIN				<u>.</u>	
	04/10/2019		L1900009	99841				
3.	Date of filing/registration in Florida	<b>4</b> .	-	Document num	ber			
5 (a)	EXPAT CONSULTING CORP							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- <del>c</del> :				
	8615 COMMODITY CIRCLE							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	-				
	ORLANDO, FL 32819							
	SUITE 11 , FI	L		_		20		
(b)	BP TAX ADVISORY LLC					AON 6102	ריורי	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	<u>tress</u> :	_	-			
	BP TAX ADVISORY LLC				**	5 PH	:	
	NEW Registered Office Address:			<b>-</b>	:	:2		
	848 BRICKELL AVE SUITE 203	_		_	اران المان	613		
	MIAMI, FI	_33133						
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the f the regis iability co of the lim	stered office impany, it i ited liabilit	e and the busine s hereby confirm y company or as	ss office oned that the	f the re	egistered ge(s)	
	Sounds de love School	CAR	CARLOS EDUARDO DE PAIVA SCHROER					
=	ature of a member or authorized representative of a member			Printed or typed r				
I here provis the ob to mer notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided a change in the registered office address, led in writing of this change.	ree to act e perform ed for in ( hereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to c Jamiliar ( s documer ility compo	omply with an it is hei iny has	with the d accept ing filed been	
Signan	ure of Registered Agent							

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