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C Kiuses

COVER LETTER

_	tion Section of Corporations			
SUBJECT:	BRAZILIAN	Aret	CENTER	LLC
		Name of Lin	nited Liability Con	npany
Dear Sir or Mad	am:			
The enclosed Re	gistered Agent/Registered	l Office Chan	ge and fee(s) are su	abmitted for filing.
Please return all	correspondence concernii	ng this matter	to the following:	
	CASSIA DE SOUZ Name of Person			
BRAZILI	AN ART CEN- Firm/Company	ier LI	LC_	
7023 A	YWMA AVE Address	UNIT C		
MINTER	PARAC , FL , 3 City/State and Zip Co	32792 ode		
ritagu E-mail add	edes @ Knight Tress: (to be used for futur	e annual repor	rt notification)	
For further infor	mation concerning this ma	atter, please c	all:	
	GUEDES Name of Person	at (21 – 40 95 le & Daytime Telephone Number
Registra Divisio P.O. Bo	g Address: ation Section n of Corporations ox 6327 ssee, FL 32314		Divisior The Cer 2415 N.	address: Ition Section In of Corporations Interest Tallahassee Monroe Street, Suite 810 Issee, FL 32303
Enclose	d is a check for the follo	wing amount	:	
¾ \$25 F	filing Fee		S55 Filing Fe	e & 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.

	t the jouowing statement in order to change us regis	•	•	·				Sime	·γ 1 100	
1. Na	me of the limited liability company: BRAZIE	LIAN	HR	x (E	1015	R_	LLC			
2. (a)	7023 ALOMA AVE		(b)	710	23	ALO N	A A	NE	•	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				~	ldress of lin MAY BE P		_		
	FUNIT C			Un	VIT	<u>C</u>		_,		
	WINTER PARK, FL, 32792			WINI	ner	PARR	c , F	- L	32	792
	02/14/2020			L2	1000	0052	033			
3.	Date of filing/registration in Florida	4.		[]	Docum	ent numb	er			
5. (a)	INC SOWDONS LLC									
,	Registered Agent and Registered Office shown on the records	of the Flo	orida Dep	t. of State:						
	18 W FLAGLER ST							202		
	Registered Office Address	T ADDR	ESS)				٦.	<u>)</u> (21, ".	٠	
	SUITE 300-B							. - 		
	MIAMI		3313	0				\sim		
	MIRM	۲L	,,,,					- <u>17.</u>		
(b)	RITA DE CASSIA DE SOUZA PIN	170 G	ひこひごろ	;					. 1	•
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>							<u></u>		
	7023 MOMA AVE									
	NEW Registered Office Address:									
	UNIT C									
	WINTER PATK	FL3	279	2						
change agent v was/we the arti	imited liability company is not organized under the for changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the CSS was of a member or authorized representative of a member	laws of he regis liability s of the he limite	the Stat tered of compa limited ed liabil	e of Flor fice and ny, it is l liability ity comp	the bus hereby compa pany.	siness off confirme ny or as o	ice of the d that the otherwise	ne regi ne cha se pro	istered inge(s) vided ii	1
Signa	of a member or authorized representative of a member	_	<u> </u>	1	Printed c	or typed nar	ne of sign	nec		
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address. I'm writing of this change.	gree to te perfo ded for t I herch	act in to rmance in Chap v confir	his capac of my di ter 605, m that th	rity. 1) uties, a F.S. O we limit	further ag nd I am fa r, if this a ed liabili	gree to c amiliar docume ty comp	omply with a nt is b any ho	v with to and acc eing fil as heen	he ept ed
Signato	re of Registered Agent									