## N09000010760

. (Re	questor's Name)	
	<b>,</b>	
:(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Ocalification of Contract	0.625	
Certified Copies	_ Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

R.A

TR

JUN 29 2010

## **COVER LETTER**

Amendment Section

TO:

Division of Co	rporations			
SUBJECT:	Braz ( Name of Corpora	auz Inc		
DOCUMENT NUMBER: N0900010760				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shawn-Maria Batchaldar				
Name of Contact Person				
	Braz (	Cauz Inc.		
	Firm/Compan	<b>y</b> .		
	3336	Grandala Ava		
	Address	•		
		FL 32738		
City/State and Zip Code				
	Crickets Corner @ 1	mos.com		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shawn-Ma	aris Batchaldar at (	386 789 2321 Area Code & Daytime Telephone Number		
. 144		The Code & Bay and Telephone . Value of		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment 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 CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Brat (aut, Inc.		
2. The principal office address: 1265 Part Havon Pl  Do Land FL 32724		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 01-02-10 Document number: N0900010760		
5. The name and street address of the current registered agent and registered office on file with the  Florida Department of State: (If resigned, enter resigned)		
Florida Department of State: (If resigned, enter resigned) (resigning at this time)  Susan Bauerle (19Her dated 3-25-10		
1265 Pard Havon Pl		
De Land FL 32724		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Shawn-Mario Batcholder SAR & C		
3336 Grandala AVA P.O. Box NOT acceptable		
Doltona FL 32738		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
Muthe A aldrich Martha S. Aldrich, Treasurer  Signature of an officer or director Printed or typed name and title,		
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
NUMBER OF Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*