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97)	questor's Name)	
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(Ad	dress)	
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(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	·
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF STATE OF SECRETARY OF STATE OF STAT



TRANSMITTAL LETTER

SUBJECT: Get Brazilian Inc	<u>.</u>			
_	(Name of Corpo 200000110158	ration)	1	
	Designation for a Communication			
The enclosed Officer/Director F	-		ominea	for ming
Please return all correspondence	e concerning this matter to t	he following:		
Paul Storti				
(Name of	Person)	. 2	• .	- `
Get Brazilian Inc.				
(Name of Firm	n/Company)	- .		*:=
5170 Alton Road				
(Addr	ess)	- : :: : = :		
Miami Beach, FL 33140				
(City/State an	d Zip Code)	-		
For further information concern	ing this matter, please call:	,		
Paul Storti	at (786	395-1811 de & Daytime Tel		
(Name of Person)	(Area Coo	de & Daytime Tel	ephone l	Number)
Enclosed is a check for \$35.00	made payable to the Florida	Department of	State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 3239			

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Marta Torano	hereby resign as Vice President	
7		(Title)
of Get Brazilian Inc.		
(Name	e of Corporation)	
P00000110158 (Document Number, if known)	, a corporation organized under the la	ws of the State of
Florida		ve e e
mast	Signature of resigning officer/director)	D5 JAN 18 PH 1: 47 SECRETARY OF STATE TALLAHASSEE, FLORID

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314