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Special Instructions to	Filing Officer:	
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Change

400170413324 02/26/10--01031--013 \*\*35.00



100R 3/1/10

## **COVER LETTER**

TO: 'Amendmer Division of	nt Section Corporations		
SUBJECT:	BRASVEN U	JSA INC Corporation	
DOCUMENT NU	MBER: P01	000015937	
The enclosed States	ment of Change of Registered Offic	ce/Agent and fee are submitted fe	or filing.
Please return all co	rrespondence concerning this matte	er to the following:	
	TOM S	EWELL	
•	Name of Co	ontact Person	<del></del>
		INTING AND TAXES	
	rimic	ompany	
	5220 DAV	/IE ROAD	
		dress	<del>_</del>
	DAVIE, FLC	RIDA 33314	
	City/State a	nd Zip Code	
	tom@heritageta	axservices com	
<u></u>	E-mail address: (to be used for		on)
For further informa	tion concerning this matter, please	call:	
	TOM SEWELL	at ( 954 )	907-3426
Nar	ne of Contact Person	at ( <u>954</u> ) ( Area Code & Daytime T	elephone Number
Enclosed is a \$35.0	0 check made payable to the Depar	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a c	orporation organize	607.1508, or 617.1508, Fto d under the laws of the Sta d agent, or both, in the Sta	nte of FLORIDA	_
	the corporation: BRAS				
2. The principal	office address: 3200 1	N MILITARY TRA	AIL, SUITE 201		
· · · · · · · · · · · · · · · · · · ·	BOCA	RATON, FLOR	IDA 33431		
3. The mailing a	address (if different):_S/	AME			<del></del>
4. Date of incor	poration/qualification: _	02/12/2001	Document number:	P010000159	37
	d street address of the curtment of State: (If resig		nt and registered office on t	file with the	
	DANIEL PASQUA	LETTO			
	8010 W SAMPLE	ROAD			
	CORAL SPRINGS	S, FL 33065			
6. The name and (if changed):	d street address of the no	ew registered agent (i	if changed) and /or register	SECRETA SECRETA	-11
	DANIEL PASQUA	LETTO		EB 2	-
	3200 N MILITARY			SSEE O	្រា
	BOCA RATON, FI	P.O. Box NOT ac LORIDA 33431	ceptable	F 105	
The street addr	ess of its registered offi		dress of the business offic	<u>24</u> u	
Such change w authorized by t	as authorized by resolu he board, or the corpora	tion duly adopted b ation has been notif	y its board of directors or ted in writing of the chang	by an officer so ge.	
Signati	he of an oblicer of director		DANIEL PASO Printed or typed nan	QUALETTO me and title	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as reg to comply with the pro nd I am familiar with a ing filed merely to refle s been notified in writi	gistered agent and a visions of all statute nd accept the obliga act a change in the r ng of this change.	ngree to act in this capaci is relative to the proper an ition of my position as reg registered office address, i	ty. nd complete perform gistered agent. Or, i I hereby confirm tha	nance if this it the
1/20	togenthe		FEBRUARY	<u>′ 19, 2010</u>	
	granup of Registered Agent		Date		
·	Typed or Printed Name	<del></del>			

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 \* \* \* \*