

P010000015937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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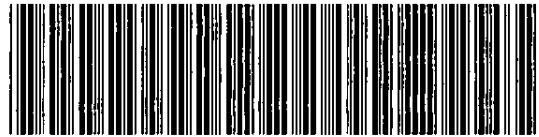
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRASVEN USA INC
Name of Corporation

DOCUMENT NUMBER: P01000015937

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:

TOM SEWELL
Name of Contact Person

HERITAGE ACCOUNTING AND TAXES
Firm/Company

5220 DAVIE ROAD
Address

DAVIE, FLORIDA 33314
City/State and Zip Code

tom@heritagetaxservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM SEWELL at (954) 907-3426
Name of Contact Person Area Code & Daytime Telephone Number

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

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.

- CORAL SPRINGS, FL 33065

- BOCA RATON, FLORIDA 33431

Signature of an officer or director

Printed or typed name and title

David R. [Signature]
Signature of Registered Agent

Date _____

Typed or Printed Name

CR2E045 (8/05)