

POZ00007884Z

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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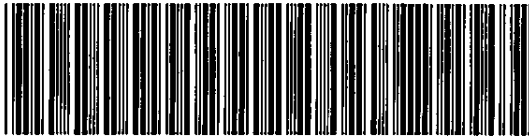
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(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BRAGA BLANEY ASSOCIATES, INC.

**DOCUMENT NUMBER:** PD2000078842

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC JOHN BRAGA  
(Name of Contact Person)

BRAGA BLANEY ASSOCIATES, INC.  
(Firm/ Company)

401 W. COLONIAL DR STE. 5  
(Address)

ORLANDO, FL. 32804  
(City/ State and Zip Code)

For further information concerning this matter, please call:

ERIC BRAGA at ( 407 ) 650 8858  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

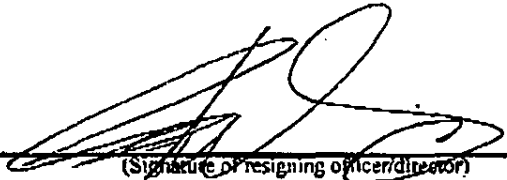
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TALLAHASSEE, FLORIDA

I, SALAM BLANEY, hereby resign as PRESIDENT  
(Title)

of BRAGA BLANEY ASSOCIATES, INC.  
(Name of Corporation)

P02000078842, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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