

PO8000022334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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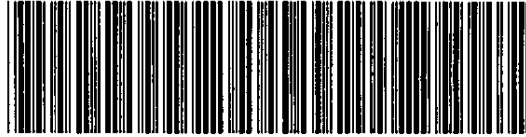
(Business Entity Name)

(Document Number)

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TO: Amendment Section  
Division of Corporations

SUBJECT: BremaKast Construction, Inc.  
Name of Corporation

DOCUMENT NUMBER: P08000022334

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:

Andrew Morales 407 687 1982  
Name of Contact Person

BremaKast Construction, Inc.  
Firm/Company

4618 Rose of Jerrico  
Address

Orlando, FL 32808  
City/State and Zip Code

BremaKast127@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Mochizuma at ( 407 ) 341-4446  
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

**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: Bremakast Construction, Inc.
2. The principal office address: 4618 Rose of Jerrico  
Orlando, FL 32808
3. The mailing address (if different): P.O. Box 702209  
St Cloud, FL 34770
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P08000022334
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)  
Jill Reynolds  
1100 Lake Harney Woods Blvd.  
Mims, FL 32754

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew Morales  
4618 Rose of Jerrico Ct.  
P.O. Box NOT acceptable  
Orlando, FL 32808

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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.

[Signature]  
Signature of an officer or director

Andrew Morales - Pres./owner  
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.*

[Signature]  
Signature of Registered Agent

9/24/15  
Date

If signing on behalf of an entity:

Andrew Morales  
Typed or Printed Name

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