P090000022006

(Re	questor's Name)	
(Ad	dress)	
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. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
_	_	
(Bu	siness Entity Nan	ne)
•		
(Do	cument Number)	
`	,	
Certified Copies	_ · Certificates	of Status
Canada Instructions to	Filing Officer	
Special Instructions to	Filing Officer.	'
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06/03/09--01025--006 **35.00





COVER LETTER

	DDICUT CENTL			
SUBJECT:	BRIGHT CENTU Name of C	Corporation		
DOCUMENT NUMB	er: P09	0000022006		
	of Change of Registered Offic	ce/Agent and fee are subm	itted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:		
₩ 💆				
	Name of Co	ontact Person		
	Firm/C	Company		
		AVENUE # 310		
	Add	dress		
	TAMARA(City/State a	C, FL33319 and Zip Code		
	y	1		
	nail address: (to be used for	future annual report noti	fication)	
D-11	ian address. (to be used for	intare umitar report not	in cution y	
For further information	concerning this matter, please	call:		
	MYRIAM	at (954)	7095468	
	Contact Person	at (<u>954</u>) Area Code & Dayt	ime Telephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depa	rtment of State.		
	Mailing Address: Amendment Section	Street Address Amendment S	<u>:</u>	
	Amendment Section Division of Corporations	Amendment S Division of C		
	P.O. Box 6327	Clifton Buildi		
	Tallahassee, FL 32314		ve Center Circle	

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: BRIGHT CENTURY G CORP	
	0000 NINI OATH AN IENHE HOAO	
	TAMARAC FL 33319	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 03-09-09 Document number: P09	9000022006
	d street address of the current registered agent and registered office on file with a rement of State: (If resigned, enter resigned)	the
	GLADYS Y RIASCOS	09 TAL
	7760 NW 78 AVENEU # 107	L ALCRE
	TAMARAC FL 33321	TARY ASS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ED MIO:
	MYRIAM AZCARATE	D. 15.
	6000 NW 64TH AVENUE # 310	•
	P.O. Box NOT acceptable TAMARAC FL 33319	
The street addr	ess of its registered office and the street address of the business office of its rebe identical.	registered agent,
	as authorized by resolution duly adopted by its board of directors or by an of he board, or the corporation has been notified in writing of the change.	
6100	GLAOYS RIAS C Printed or typed name and title	
I further agree of my duties, at document is be	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	lete performance agent Or. if this
~ (/11)	wanu Maiale x 5/30/09	
× 1///	nature of Registered Agent Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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