P0900005757/

(Reque	estor's Name)				
(Addre	ess)				
(Addre	:55)				
(City/S	itate/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Busin	ess Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only

11300



900162966279

11/23/09--01012--012 **35.00

SECRETARY OF STATE.

2009 NOV 23 PM 2: 26

COVER LETTER

TO: Amendment Section Division of Corporation	ıs					
SUBJECT: Brand Specialties, Inc. Name of Corporation						
DOCUMENT NUMBER:	P0	9000057571				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence	e concerning this mat	ter to the following:				
	Susan	R. Brand				
Susan R. Brand Name of Contact Person						
Brand Specialties, Inc. Firm/Company						
		Manor Avenue	· · · · · · · · · · · · · · · · · · ·			
	-	ie, Florida 34952 and Zip Code sinc@comcast.net				
E-mail add	ress: (to be used for	future annual report	notification)			
For further information concern						
Susan R. Name of Contac		at (<u>772</u>) Area Code &	335-9218 Daytime Telephone Number			
Enclosed is a \$35.00 check made			and the respective right			

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

statement of cha	nge is submitted for a c	orporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Florida
1. The name of	the corporation: Bran	d Specialties, I	nc.	
2. The principal	office address: 2333	SE Manor Avenue	<u> </u>	
		Saint Lucie, Florid	0.24052	
3. The mailing a	address (if different): Se	ame		
4. Date of incor	poration/qualification: _	July 06, 2009	Document number:	P09000057571
	d street address of the cortment of State: (If resig		t and registered office on f	ile with the
	Susan R. Brand			<u></u>
	2333 SE Manor A	venue		
	Port Saint Lucie,	Florida 34952		
6. The name and (if changed):	d street address of the no	ew registered agent (i	f changed) and /or register	2009 NOV 23
	Tony C. Brand			= .
	2333 SE Manor A	venue		23 PARY
		P.O. Box NOT acc	eptable	Ho R
	Port Saint Lucie,			—— <u> </u>
			dress of the business offic	
Such change wauthorized by t	as authorized by resolute board, or the corpor	ation duly adopted by ation has been notifi	y its board of directors or ed in writing of the chang	by an officer so
Signati	ire of an officer or director		Susan R. Brai	nd, Director
I further agree of my duties, a document is he	t the appointment as re to comply with the pro nd I am familiar with ing filed merely to refl s been notified in writi	visions of all statute. Ind accept the obliga ect a change in the r	gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, l	ly. nd complete performance ristered agent. Or, if this hereby confirm that the
			November	19, 2009
Si	gnature of Registered Agent	-	Date	
If signing on b	ehalf of an entity:			
	Tony C. Brand Typed or Printed Name			

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