

(Reque	stor's Name)	-
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Duning	F-E N	
(Busine	ss Entity Na	me)
(Docum	ent Number))
Certified Copies	Cortificato	e of Statue
Certified Copies	Certificate	s or otatus
Special Instructions to Filin	g Officer:	

Office Use Only



900313812979

06/04/18--01019--003 **35.00

JUN 0 5 2013



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BRVA Miami Corp

Name of Corporation

DOCUMENT NUMBER, P10000018452

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:

Carlos dos Santos Barros

Name of Contact Person

BRVA Miami Corp

Firm/Company

7910 NW 25 St. Suite 103

Address

Doral, FL 33122

City/State and Zip Code

cbarros@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos dos Santos Barros

,305 \384-5584

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this enge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of (the corporation: BRVA Miami Corp
2. The principal	office address: 7910 NW 25 St. Suite 103
	Doral, FL 33122
3. The mailing a	eddress (if different):
4. Date of incorp	poration/qualification: 03/01/2010 Document number: P10000018452
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Carlos dos Santos
	7910 NW 25 St. Suite 103
	Doral FL 33122
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office Carlos dos Santos Barros
	7910 NW 25 St Suite 103 P.O. Box NOT acceptable
	Doral Fl 33122
The street addre	ess of its registered office and the street address of the business office of tregistered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	Corloi doi Sentas Borros Printed or typed name and title
	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the copporation has been notified in writing of this change.
	05 - 29 - 2018 Date Date
If signing on be	half of an entity:
Cadez	dos Santos Berros yped or Printed Name

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314