P1100039451

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

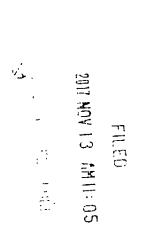
Office Use Only

-١١ ف



200304085022

10/24/17--01021--008 +*35.00



C. GOLDEN NOV 1 4 2017

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Brabox International Corporation
DOCUMENT NUMBER: P11000039651
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:
Joyce mitre Name of Contact Person Brabox Thternational Corp. Firm/Company
3351 nw 21 street
Doral Fl 33122- City/State and Zip Code
Email address: (to be used for future annual report nonfication)
For further information concerning this matter, please call:
Name of Contact Person at (305) 592-5427 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



October 25, 2017

JOYCE MITRE 8351 NW 21 STREET DORAL, FL 33122

SUBJECT: BRABOX INTERNATIONAL CORPORATION

Ref. Number: P11000039651

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 417A00021558



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: Brabox International Corporation 2. The principal office address: 3351 hw 21 Street
2. The principal office address: 0351 hw 21 Street Dotal, FL 33165
3. The mailing address (if different):
4. Date of incorporation/qualification: 425/11 Document number: P1100039651
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)
Bakhai, Kashyap
1001 Brickell Bay Drive = 3
1001 Brickell Bay Drive = 3 9th Floor, Miami, Fl 33131 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
8351 hw 21 street P.O. Box NOT acceptable
Doral, FL 33122
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 of an officer or director Printed or typed name and title Printed or typed name and title Printed or typed name and title City () City (
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 of Registered Agent Date
If signing on behalf of an entity:
Eduardo De Castro Typed or Printed Name

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