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· (Re	equestor's Name)	
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SEP 1 3 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Begal Trade Corp

Name of Corporation

DOCUMENT NUMBER: P

P12000078478

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:

Aida E. Briele

Name of Contact Person

Briele & Echeverria, P.A.

Firm/Company

5001 SW 74th Court Ste 202

Address

Miami, FL 33155

City/State and Zip Code

abriele@becpas.net

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

For further information concerning this matter, please call:

Aida Briele

,,305

443-5768

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: BEGAL TRADE CORP.	
2. The principal office address: 5001 SW 74T CT STE 202	
MiAMI, FL 33155	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 9.17.12 Document number: P12000078478	<u> </u>
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)	
CORPORATE MAINTENANCE SERVICES LLC	
1000 BRICKELL AVE SUITE 400	
MiAMi, FL 33131	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
AIDA E. BRIELE CPA	
5001 SW 74CT STE 202	
P.O. Box NOT acceptable Miami, FL 33155	
The street address of its registered office and the street address of the business office of its registered agents 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.	
Morica Bernices Signature of an officer of director 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.	
8-22-14	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed 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 CR2E045 (03/12)