

# P140000 75972

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

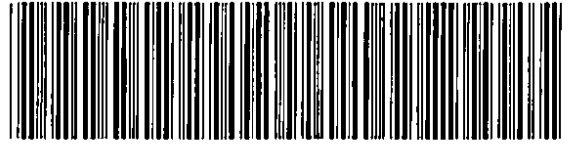
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BRAGA FLOORS, INC.  
Name of Corporation

DOCUMENT NUMBER: P14000075972

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:

ALAN KARDEC R BRAGA-JUNIOR

Name of Contact Person

BRAGA FLOORS, INC.

Firm/Company

4149 CASTLEBAY DRIVE

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

BRAGAFLOORS@GMAIL.COM

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

For further information concerning this matter, please call:

ALAN BRAGA JUNIOR

Name of Contact Person

at (904

) 563-1448

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: BRAGA FLOORS, INC.
2. The principal office address: 4149 CASTLEBAY DRIVE  
JACKSONVILLE, FL 32257
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/12/2014 Document number: P14000075972
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)

LM ACCOUNTING & PAYROLL SERVICES LLC

4221 BAYMEADOWS RDSUITE 1

JACKSONVILLE, FL 32217

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

ALAN KARDEC R BRAGA-JUNIOR

4149 CASTLEBAY DRIVE

P.O. Box NOT acceptable

JACKSONVILLE, FL 32257

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.

Alan Kardec R. Braga-Junior  
Signature of an officer or director

ALAN KARDEC R BRAGA-JUNIOR - PRESIDENT  
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.*

Alan Kardec R. Braga-Junior  
Signature of Registered Agent

11-13-23  
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  
CR2E(045 (04/13)