## P16D00042755

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## **COVER LETTER**

TO: Amendment Section Division of Corporations B & R LAW GROUP, P.A. Name of Corporation P16000042755 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: JOAQUIN ROSALES Name of Contact Person Firm/Company 199 E FLAGLER ST, #190 **MIAMI FL 33131** City/State and Zip Code JOAQUIN@LAWGROUPHELP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person 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

1. The name of th	e corporation: B & R LAW (	GROUP, P.A.	
2. The principal o	ffice address: 150 SE 2ND 33131	AVE SUITE 300	
3. The mailing ad	dress (if different):		
4. Date of incorporate	oration/qualification: 05/17/2	016 Document number:	P16000042755
	street address of the current regis ment of State: (If resigned, enter	stered agent and registered office resigned)	on file with the
(	CORPORATE CREATIC	ONS NETWORK, INC.	
	11380 PROSPERITY FA	ARMS ROAD #221E	
-	PALM BEACH GARDE	NS, FL 33410	28 2
(if changed):	street address of the new register	red agent (if changed) and /or regi	istered of REGIANY OF
-	199 E FLAGLER ST, #1	90	R. College
<del>-</del>		Box NOT acceptable	OF S
-	MIAMI, FL 33131		<del></del>
		street address of the business of adopted by its board of directors seen notified in writing of the cha	
	1/2	JOAQUIN ROSALES-A	RAMBURU DIRECTOR
I hereby accept the state of th	comply with the provisions of a comply with the comply with the complex conditions and the complex conditions are complex complex complex complex conditions.	Printed or typed to gent and agree to act in this capa all statutes relative to the proper h and accept the obligation of my to reflect a change in the registe tified in writing of this change.	acity. · and complete v position as registered
1	72	03/29/2017	
	ture of Registered Agent	Date	:
Signa If signing on beh	alf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)