PRODUCES

(Requestor's N	ame)
(Address)	
(Address)	
	2Disease 40
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



900314882259

06/25/18--01020--029 **35.00

18 JUN 25 PH 1: 48

JUN 2 6 2018 S. YOUNG

COVER LETTER

SUBJECT: Bravo Team C	orp.
DOCUMENT NUMBER: 001	Name of Corporation 18 00000043

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:

Oleg Vainer Name of Contact Person Bravo Team Corp. Firm/Company 6289 Falcon Lair drive Address North Poprt, FL 34287 City/State and Zip Code sales@bray.otm.com

sales@bravotm.com

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

For further information concerning this matter, please call:

Oleg Vainer

Name of Contact Person

at (718) 288-5165

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

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations

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: Bravo Team Corp.	
2. The principal office address: 6289 Falcon Lair drive North Port, FL 34287	
3. The mailing address (if different):	
P1800000043	
4. Date of incorporation/qualification: 01/02/2018 Document number: EIN: 82-3844175	
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)	
resigned Alex Tet, yevsky	
750 N Tamiami Trail #818	
Sarasota, FL 34236	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Oleg Vainer	
6289 Falcon Lair drive	
P.O. Box NOT acceptable	
North Port, FL 34287 으로 모르는	Ti
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	二 川
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.	
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. Oleg Vainer (President) Signature of an officer or 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.	
06/05/2018	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Oleg Vainer	
Typed or Printed Name	

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

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