

P18000 010 887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

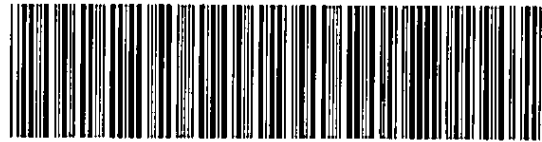
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B Metal And Designs Inc.

Name of Corporation

DOCUMENT NUMBER: P18000010887

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:

Brenda Cabello Bonfim

Name of Contact Person

B Metal And Designs Inc.

Firm/Company

6625 SW 45th Street

Address

Miami, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Brenda Cabello Bonfim

Name of Contact Person

at (305) 9568429

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: B Metal And Designs Inc.
2. The principal office address: 6625 SW 45th Street, Miami, FL 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2018 Document number: P18000010887
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)

Mario Cabello

6625 SW 45th Street

Miami, FL 33155

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

Ivanildo Bonfim


1015 NW 17th Ct

P.O. Box NOT acceptable

Miami, FL 33125

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.

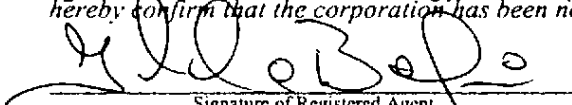


Signature of an officer or director

Brenda Cabello Bonfim

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.



Signature of Registered Agent

09/20/2019

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)

Florida

TEMPORARY
DRIVER LICENSE



CLASS E

DOB: C141-073-96-623-0

GABRIEL BOBBI

BRENDAMIEY

6625 SW 49TH ST

MIAMI FL 33144

DOB: 06/28/1973

SEX: F

HEIGHT: 5'00"

WEIGHT: 125

HAIR: BRN

EYES: BRN

SKIN: BRN

SEX: F

DOB: 06/28/1973

DOB: 06/28/1973

DOB: 06/28/1973

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