| P180000 | SX 4110 |
|--|--|
| (Requestor's Name) (Address) (Address) | 600331653036 |
| (City/State/Zip/Phone #) | 07/09/1901009012 +*200.00 |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | 201 |
| | 1714 D 2019 OCT - 8 PH 5: 56 |
| Office Use Only | |
| 1092-709- | |
| | 0 GG1271 007 - 0 2013 |

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Braingenious, INC.

Name of Corporation

P18000054416 **DOCUMENT NUMBER:**

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:

| Pascal Gibert | |
|---------------------------|---|
| Nar | ne of Contact Person |
| Best Options | LLC |
| | Firm/Company |
| 1145 Via Jard | in |
| | Address |
| West Palm B | each, FL 33418 |
| City | //State and Zip Code |
| pgibert@besto | optionsIIc.com |
| E-mail address: (to be us | sed for future annual report notification |

For further information concerning this matter, please call:

Pascal Gibert

Name of Contact Person

at (<u>561</u>)214-2328 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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2019

1

PASCAL GIBERT 1145 VIA JARDIN WEST PALM BEACH, FL 33418

SUBJECT: BRAINGENIOUS, INC. Ref. Number: P18000054416

We have received your document and check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 619A00019562

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2019

5

PASCAL GIBERT 1145 VIA JARDIN WEST PALM BEACH, FL 33418

SUBJECT: BRAINGENIOUS, INC. Ref. Number: P18000054416

We have received your document and check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 819A00017630

60:01:1: LI JES 6102

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www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2019

PASCAL GIBERT 1145 VIA JARDIN WEST PALM BEACH, FL 33418

SUBJECT: BRAINGENIOUS, INC. Ref. Number: P18000054416

We have received your document and check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number and the corporations name must match.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00014892

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 flored a in order to change its registered office or registered agent, or both, in the State of Florida.

| ı | 71 | C . 1 | corporation: | Braino | enious | INC |
|----|----------|--------|--------------|--------|---------|---------------------------|
| 1. | The name | of the | corporation: | Bruing | ornous, | $\mathbf{n} \mathbf{v}$. |

2. The principal office address: 2408 Harbour Cove Dr

Fort Pierce, FL 34949

3. The mailing address (if different):

| 4. Date of incorporation/qualification: $\frac{0}{2}$ | 8/23/2017 | Document number: P | 1800054416 |
|---|-----------|--------------------|------------|
|---|-----------|--------------------|------------|

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)

CF Registered Agent, INC.

100 S Ashely De #400

Tampa, FL 33602

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

| - | | | |
|----------|---------------------------|---------|--|
| | Best Options LLC | ំ ភូ | |
| | 1145 Via Jardin | 6 | |
| | P.O. Box NOT acceptable | | |
| | West Palm Beach, FL 33418 | | |

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.

BURE Signature of an officer or director

Patrick Sebile . CEO Printed or typed name and title

8- J.J0 6103

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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.

A COL Signature of Registered Agent

09/12/2019

Date

If signing on behalf of an entity:

SPN 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)