P18000097087

| (Red | juestor's Name) | |
|---|------------------|-------------|
| (Add | lress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| | | |
| (000 | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |





700322187307

01/07/19--01009--027 **35.00

TALL SANCES STATE

TALL SANCES OF STATE

TALL SANCES

TAL

Ra Change

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|----------------------|
| | BRADAR BEAUTY CORP | |
| SUBJ | Name of Corporation | |
| | P18000097087 | |
| | UMENT NUMBER: | |
| The e | enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi | ling. |
| Please | e return all correspondence concerning this matter to the following: | |
| | BRAYAN ALFONSO BARROSO | |
| | Name of Contact Person | |
| | BRADAR BEAUTY CORP | |
| | Firm/Company | |
| | 700 NW 214TH ST, APT 222 | |
| | Address | 3 |
| | MIAMI GARDENS, FL, 33169 | سد) مر ر موجه |
| | City/State and Zip Code | |
| | bradarbeauty@gmail.com | |
| | E-mail address: (to be used for future annual report notification) | - - |
| For fu | urther information concerning this matter, please call: | •• |
| BRA | YAN ALFONSO BARROSO 786 3156805 | |
| | Name of Contact Person at () Area Code & Daytime Telepl | none Number |
| Enclo | osed is a \$35.00 check made payable to the Department of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporation Clifton Building | |
| | Tallahassee, FL 32314 2661 Executive Center | Circle |

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|-----|
| | RRADAR REALITY CORP | |
| The name of t The principal | the corporation: 700 NW 214TH ST, APT 222, MIAMI GARDENS, FL, 33169 | |
| | | _ |
| 3. The mailing a | address (if different): | _ |
| 4. Date of incorp | poration/qualification: 01/01/2019 Document number: P18000097087 | _ |
| | d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | BRAYAN ALFONSO BARROSO | |
| | 700 NW 214TH ST, APT 216, MIAMI GARDENS, FL, 33169 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office BRAYAN ALFONSO BARROSO | |
| | 700 NW 214TH ST, APT 222, MIAMI GARDENS, FL, 33169 | 2 c |
| | P.O. Box NOT acceptable | SEE |
| The street addre | ess of its registered office and the street address of the business office of its registered agent. | i |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change. | , |
| Signatu | BRAYAN ALFONS DARROSO - DI VYC Printed or typed name and title | to) |
| I horohy accont | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f myduticl, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the dorporation has been notified in writing of this change. | |
| · · | chalf of an entity: | |

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

Typed or Printed Name