753293

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



900289882459

09/07/16--01041--015 **35.00



SEP 1 5 2015 C. CARROTHERS

COVEŘ LETTER

	ment Section n of Corporations		
	akehouse Art Complex		
SUBJECT:	Name of Co	orporation	
	753293		
DOCUMENT	NUMBER:		
The enclosed St	atement of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Ms. Bibi Baloyra		
	Name of Cor	ntact Person	
	Bakehouse Art Complex		
	Firm/Co	mpany	
	561 NW 32nd Street		
	Add	ress	
	Miami, FL 33127		
City/State and Zip Code			
	bbaloyra@bacfl.org		
	E-mail address: (to be used for for	uture annual report notification)	
	mation concerning this matter, please of		
Bibi Baloyra		305 576-2828	
1	Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a \$3	5.00 check made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
	P.O. Box 6327	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

Pursuant to the statement of cha	provisions of sections 607.050 inge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of		
in orde	r to change its registered offic	e or registered agent, or both, in the State of Florida.		
1. The name of	Bakehouse	Art Complex		
2. The principal office address: Miami, FL 33127				
3. The mailing a	address (if different):			
4. Date of incorp	07/09 poration/qualification:	0/1980 753293 Document number:		
	I street address of the current returnent of State: (If resigned, en	egistered agent and registered office on file with the tter resigned)		
	Syril Salzman, CPA	Caro Caro		
	4141 Nautilus Drive			
	Miami Beach, FL 3314			
6. The name and street address of the new registered agent (if changed) and /or registered office $\frac{1}{2}$				
	Bibi Baloyra	a, · · · · 3		
	561 NW 32nd Street			
	Miami, FL 33127	O. Box NOT acceptable		
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent.		
Such change wa authorized by th	is authorized by resolution duli ne board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.		
(Ja-		Lawrence Kline, President		
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions my duties, and I am familiar v is document is being filed mer	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered well to reflect a change in the registered office address, I notified in writing of this change.		
mi (Suloy — nature of Registered Agent	9/1/2016		
Sign	nature of Registered Agent	Date		
• •	half of an entity:			
Bibi Baloyra		 -		
Ту	ped or Printed Name *** F1	LING FEE: \$35.00 * * *		