P15000084506

(Requestor's Name) (Address)	200304773252
(City/State/Zip/Phone #)	10/23/1701023010 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	S TALLENT OCT 25 2017
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Thico-Willia Name of Cor	ms. Luc.
DOC	IMENT NUMBER: <u>P150008450</u>	, Q
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	. Mane of Come	act Person ams, Tuc.
	4417 NW C Addre	19th Way
Surise FL 33351 City/State and Zip Code		
	E-mail address: (to be used for fur	mail. Com / ure annual report notification)
For fu	rther information concerning this matter, please ca	11:
	Mariela Kico	at (305) 331 - 5248 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Departm	nent 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: Bico-Williams Loc
2. The principal office address: 4417 NW 99th Way
Sirrise FL 33051
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 10/13/15 Document number: P1500008450G
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)
18941 NW 3C CT #3806
Hialeah & 32016
Prico-Williams Inc. (OLD LOCATION) "3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4417 NW 99th Way
Swife. FL 33351
Pico - Williams, Inc. (New Location)
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.
Nariela Rico - Ptericler Trinled 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.
Signayard Registered Agent Date
If signing on behalf of an entity:
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 * * *