I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PD

DOCUMENT# S56202

Entity Name: B M ASSOCIATES, INC.

#### **Current Principal Place of Business:**

16658 GREEN'S EDGE CIRCLE 95 WESTON, FL 33326

### Current Mailing Address:

16658 GREEN'S EDGE CIRCLE 95 WESTON, FL 33326

#### FEI Number: 65-0269594

# Name and Address of Current Registered Agent:

BARBRA SALONY 16658 GREEN'S EDGE CIRCLE APT. 95 WESTON, FL 33326 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	NATURE: BARBRA SALONY, REGISTERED AGENT			04/26/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VSD	Title	P/D		
Name	VAN AALTEN, MARGO	Name	SALONY, BARBRA		
Address	16658 GREENS EDGE CIRCLE#95	Address	8 GABLES BLVD		
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326		

SIGNATURE: BARBRA SALONY

Electronic Signature of Signing Officer/Director Detail

## FILED Apr 26, 2018 Secretary of State CC7562801723

Certificate of Status Desired: No

04/26/2018 Date