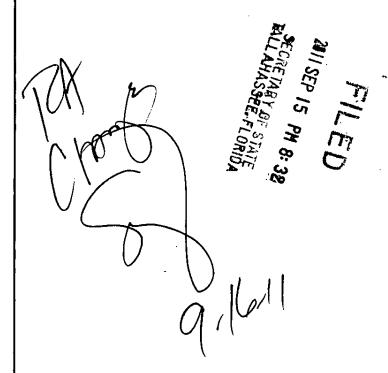


(Re	equestor's Name)	_
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	. MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





09/15/11--01026--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations LEBISTELEO AGENT CHANGE FOR
SUBJECT: Box FOXE16N CON SORVICE TWO Name of Corporation
DOCUMENT NUMBER: 43 40 49
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:
SHAKON HUFF Name of Contact Person
Name of Contact Person
B+R FORE16N CAR SERVICE INC Firm/Company
5820 Commerce Low6
S. M. Am. A. 33/43 City/State and Zip Code
SHANON - HUFF & BELLSOUTH. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHARON HUFF at 305 661-5077 Name of Contact Person 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

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: BYR FOREIGN CON SERVICE INC 2. The principal office address: SF30 Commerce LANE	
2. The principal office address: Stoo Commerce LANE	
5. M (April PL 33143	
3. The mailing address (if different):	
4. Date of incorporation/qualification: <u>08.30-73</u> Document number: <u>434049</u>	
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)	
MARTIN DRUTZ (RESIGNED)	
13865 S. Divie Hay Suite 308	
MAKTIN DENTZ (RESIGNED) 13865 S. Davie Hay Suite 308 MAM A 35/76 EG SEP	Ŧ
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Y
— SHAKON HUFF	
5828 COMMERCE LANGE	
SHARON HUFF 5828 COMMERCE LANE P.O. BOX NOT acceptable S. Myan. Pl 33143	
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.	
Signature of an officer or office	
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.	
Skaron Auf 9-8-11 Signature of Registered Agent Date	
If signing on behalf of an entity:	
SHARON HUFF	

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