FOUODO DO US8

(Requestor's Name) REGISTERED AGENT SOLUTIONS IN C 1701 DIRECTORS BLVD. STE. 300 AUSTIN, TX 78744 (City/State/Zip/Phone #)						
				PICK-UP	WAIT	MAIL
				(Bu	isiness Entity Nar	ne)
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: BCG SECURITIES, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Rachel Szitas
REGISTERED AGENT SOLUTIONS, INC.

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 nge is submitted for a corporation organized under the laws of the State of Pennsy r to change its registered office or registered agent, or both, in the State of Florida.	Ivania
I. The name of t	he corporation: BCG SECURITIES, INC.	
2. The principal	office address: 600 DELRAN PKWY STE B DELRAN, NJ 0807	7
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/01/2006 Document number: F06000000	638
5. The name and	d street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	MUNROE, W. BRADLEY ESQ	
	239 E. VIRGINIA STREET	<u>ದ</u> 🧞
	TALLAHASSEE, FL 32301	13 SAL 22
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Registered Agent Solutions, Inc.	e: 30
	155 Office Plaza Dr. Suite A	
	P.O. Box NOT acceptable Tallahassee, FL 32301	
as changed will	ess of its registered office and the street address of the business office of its regis	
authorized by t	Adam Paglione, President	
Signati	Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t 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 my duties, and I am familiar with and accept the obligation of my position as rents document is being filed merely to reflect a change in the registered office additional that the corporation has been notified in writing of this change.	gistered ·ess, I
OUT !	gnature of Registered Agent Date	
	ehalf of an entity:	
	Asst. Secretary	
	Typed or Printed Name	

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