## F10000003321

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

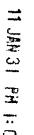
Office Use Only



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01/31/11--01018--025 \*\*35.00







## **COVER LETTER**

Division of Corporations
SUBJECT: B STCAUVAS MC.  Name of Corporation
DOCUMENT NUMBER: F 1 000 000 2321
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:
Philip Mullband  Name of Contact Person
Name of Contact Person
Bedcanvas h.c.
Firm/Company
6240 NE 444 Com/
Liami FL 33131 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
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 <u>Natural</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
1. The name of the corporation: Bercanus Mc.  2. The principal office address: 6L40 NE 444 6 33138 May  Thoribu
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/18/2010 Document number: F 1000000 2221
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)
resigned.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6240 NE 444 COULT
/ 33138 Minum Florida
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.
PHILIPP MUEHLBAWER VPTS Printed 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 filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been not field in writing of this change.  Senature of Regulated Agent  Date  If signing on behalf of an entity:
HERBERT HOTER Typed or Printed Name

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