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Division of Corporations

Fax Number : (850) 617-6380

To:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 : (702)86€-2500

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE BARR TELL USA, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Barr Teli Usa, Inc.
Name of Corporation
DOCUMENT NUMBER: F12000001859
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:
Wendy Hefley
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code
processing@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wendy Hefley on behalf of InCorp Services, Inc. at 800-246-2677
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

Amendment Section
Division of Corporations
The Control of Tallahaman

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallabassee, FL 32303

Street Address:

CR2E045 (04/13)

7H.ED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.050 nge is submitted for a corpora r to change its registered office	ation organized u	ınder the laws of the State	of	NY	
1. The name of t	he corporation: Barr Tell Usa	a, Inc.				
2. The principal	office address. 218 East Par	rk Ave, Suite 5	22			
	Long Beach,					
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 05/01/2012 Document number: F1					000185	<u>9</u>
	street address of the current re trnent of State: (If resigned, en		and registered office on fil	e with the	;	
	Corporate Creations Netw	vork Inc.				
	801 Us Highway 1					
	North Palm Beach, FL 334	408			$\sum_{i=1}^{n}$	202
 The name and street address of the new registered agent (if changed) and /or registered office (if changed); 				d office	LAHASS	1 NOF 1202
	InCorp Services, Inc.	<u> </u>			₩	<u>ස</u>
	17888 67th Court North				四四四	AM 6:
	Loxahatchee, FL 33470	P.O. Box NOT	acceptable		NO.	မ်း အ
The street addre	ss of its registered office and be identical.	I the street addre	ss of the business office	of its regi	istered a	g e nt,
	is authorized by resolution du the board, or the corporation by					
	ON HAIT	Ha	rold Barr, President	- X	 _	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered of comply with the provisions of am familiar with and accept filed merely to reflect a chibeen notified in writing of the	d agent and agr of all statutes r ept the obligatio lange in the regi his change.	Printed or typed name ee to act in this capacity, elative to the proper and n of my position as regis stered office address, I h		perform nt. Or i	iance if this it the
	June 18, 2021			021		
9	name of Registered Agent		Date			
If signing on be	half of an entity:					
	behalf of InCorp Services, Inc.	<u>. </u>				
T ₁	oped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)