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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

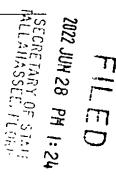
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*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 BILINGUAL PROFESSIONAL AGENCY, INC.

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#### COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

## BILINGUAL PROFESSIONAL AGENCY, INC. Name of Corporation F15000004605 **DOCUMENT NUMBER:** 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: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Amendment Section

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation o er to change its registered office or r	organized ur	nder the la	ws of the State of	New York
	the corporation: BILINGUAL PI office address: 1401 LINCOL				
-	address (if different):				
4. Date of incor	poration/qualification: 10/16/20	15 <sub>I</sub>	Document	number: <u>F1500</u>	0004605
	d street address of the current register rtment of State: (If resigned, enter re		nd registere	ed office on file w	ith the
	BLUMBERGEXCELSIOR C	ORPORA	TE SER	VICES, INC.	
	155 OFFICE PLAZA DRIVE	•	1ST I	FLOOR	<del></del>
	TALLAHASSEE		FL	32301	_
(if changed):	Registered Agent Solu 155 Office Plaza Dr.		uite A		2022 JUN 28 SECRETARY TALLAHASSI
	Tallahassee	FL	3230	1	第二
_	ess of its registered office and the s l be identical. as authorized by resolution duly ad he board, or the corporation has be				- · N
	h Geliebter		ph Geli	_	Authorized Person
I hereby accept I further agree of my duties, ar document is bet corporation ha.  Sign	the appointment as registered age to comply with the provisions of al and I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	nt and agre I statutes re e obligation in the regis ange.	Prin e to act in	ted or typed name and this capacity, he proper and con sition as registers e address, I hero	litle
	Assistant Secretary				
<del></del>	yped or Printed Name				
	* * * FILIN	G FEE: \$3	5.00 * * *		

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