## FIIOOODOOPZ

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	atus	
Special Instructions to Filing Officer:		
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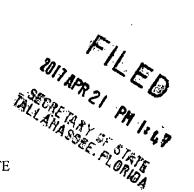
## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Bull Bag Carparation  Name of Corporation
Name of Corporation
DOCUMENT NUMBER: 15 1 1 0 0 0 0 0 0 0 9 L
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Bull Bag Caparation Firm/Dompany
8 Rate 80
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 at (860) 452-4303 × 131  Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on Bull Bag Carporation	the records of the Florida Department of State is:
2. This entity was authorized to transact business in Flornumber is 1-170000092	orida on 115 2017 and its Florida document
3. This corporation was formed under the laws of	elaware
4. The name and address of each officer and/or director	
Title:	Name and Address Paul Ni Spazio
	- 8 Raute 80 Killingworth, (T 06419
(Attach additional pages	if necessary)
to la	CEO
mature of an officer or director	Title of person signing
Paul Disocizio	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing