F31420

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





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MASO SUB



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: November 14, 2018

Order#: 471465/003

Re: BAY-N-GULF, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX _ Check in the amount of \$35.00.

Please take the following action:

XX___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of <mark>FL</mark> or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: BAY-N-GULF, IN	NC.	
2. The principal	office address: 4520-8TH AVE.,	S. ST PETERSBURG FL 33711	
3. The mailing a	ddress (if different): 9399 West	Higgins Road, Suite 500, Rosemont, IL 60018	
4. Date of incorp	poration/qualification: 04/21/198	Document number: F31420	201
	I street address of the current reg timent of State: (If resigned, ente	istered agent and registered office on file with the resigned)	2011 KSY
	C T CORPORATION SYSTEM		€ + ~V
	1200 SOUTH PINE ISLAND RO	DAD	٠٠. پير
	PLANTATION	FL 33324	ور ما
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registe	ered agent.
Such change wa	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so
χ	ie E CiQui	Jill Cilmi, Vice President	
Sygnan	re of an officer or director	Printed or typed name and title	
I further agree in performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wit is document is being filed merel	igent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addre otified in writing of this change.	istered ess, I
By: Din	ree Cokubile	11/13/2018	
Sig	nature of Registered Agent - \	Date	
If signing on be	half of an entity:		
	Assistant Vice President		
T	vped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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