K 64484 Phone # City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1				
1	(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · ·	*
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<u>NE</u>	W FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal Merger		
<u>OT</u>	<u>THER FILINGS</u>	REGISTRATION/C	QUALIFICATION S	# 0
	Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	ship	ය 0

Examiner's Initials

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, the
undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: \\BIDIVELSIGED, Inc.
, ,
2. The mailing address of the corporation: P.O. Buy 270667
Trange, 61 33688
3. Date of incorporation/qualification: 2/9/89- Document number: 164484
4. The name and address of the current registered agent and registered office:
5. The name and address of the new registered agent (if changed) and or registered office (if changed):
ROUTH THE GOLDSEEIN
33/3 CASI DAY DIVE
LANGO, P(33771
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.
authorized by the board.
18/26/W
(Signature of an officer, chairman or vice chairman of the board) (Date)
Ronald Goldstein
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above state? corporation, 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
performance of my duties, and I am familiar with and accept the obligation of my position as-
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Capacity)

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