

N15 000005116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

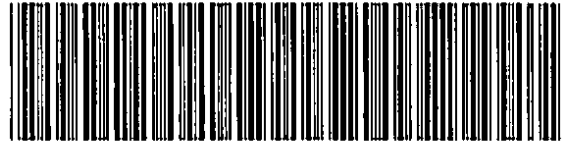
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2019 MAY -6 PM 2:17

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C. GOLDEN

MAY -7 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bnei Baruch Florida Inc.  
Name of Corporation

DOCUMENT NUMBER: N15000005116

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:

Todd Kramer  
Name of Contact Person

Bnei Baruch Florida Inc.  
Firm/Company

6 Carriage Hill Circle  
Address

Casselberry FL 32707  
City/State and Zip Code

kramer.todd@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Kramer at ( 386 ) 444-8233  
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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2019

TODD KRAMER  
6 CARRIAGE HILL CIRCLE  
CASSELBERRY, FL 32707

SUBJECT: BNEI BARUCH FLORIDA, INC.  
Ref. Number: N15000005116

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 519A00006659

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, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bnei Baruch Florida Inc.
2. The principal office address: 6 Carriage Hill Circle  
Casselberry Florida 32707
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/18/2015 Document number: N15000005126
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Pollyana Pires  
6 Carriage Hill Circle  
Casselberry Florida 32707
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Pollyana Rico  
6 carriage Hill Circle  
Casselberry Florida 32707  
P.O. Box NOT acceptable

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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, or the corporation has been notified in writing of the change.

Todd Kramer  
Signature of an officer or director

Todd Kramer President  
Printed or typed name and title

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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Pollyana Rico  
Signature of Registered Agent

4.24.19  
Date

If signing on behalf of an entity:

Pollyana Rico  
Typed or Printed Name

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