N1500000 5116

(Requestor's Name)				
(Address)				
(Address)				
(C)+ (C)++- (T)- (D)+-+ 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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JUN 1 7 2020 S. YOUNG

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Bnei Baruch Florida, Inc. of Corporation	
DOC	UMENT NUMBER: N15000005116	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Terrar	nce Feeney	
Name	of Contact Person	
Bnei I	Baruch Florida, Inc.	
Firm/0	Company	
1109 (Charles St	
Addre	ess	
Cleary	water, FL 33755	
City/S	State and Zip Code	
	feeney336@gmail.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	irther information concerning this matter, p	please call:
Terrar	ice M. Feeney	at (813 \) 597-9630
	Name of Contact Person	at (813) 597-9630 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cl	hange is submitted for a corporation	7.0502, 607,1508, or 617.1508, Florida Statutes, this organized under the laws of the State of		
	if the corporation: Buei Buruch Florida			
2. The principa	al office address: 1109 Charles St.: Cle	:arwater, F1, 55755		
4. Date of inco	orporation/qualitication: 05/18/2015	Document number: N15000005116		
	nd street address of the current registoartment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Carl Geren			
	49 Cedar Circle			
	Boynton Beach, FL 33436			
6. The name at (if changed)	~	d agent (if changed) and /or registered office		
	Terrance Feeney			
	1109 Charles St			
	Clearwater, FL 33755	PTI Box NOT acceptable		
The street add as changed wi	lress of its registered office and the sill be identical.	street address of the business office of its registered agent.		
Such change vauthorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.		
Terra	ne Feenen	Terrance Feeney, Secretary		
Signa	iture of an officer or direvit	Printed or typed name and title		
l further agree of my duties, a document is h	pt the appointment as registered age e to comply with the provisions of a and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this ch	ll statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this vin the registered office address, I hereby confirm that the		
Terra	uce Fiener	May 27, 2020		
<u> </u>	ince Feeney	Date		
	behalf of an entity:			
	Typed or Printed Name			
	* * * FILIN	'G FEE: \$35.00 * * *		

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