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COVER LETTER

Division of Corporations			
SUBJECT: Bion Cantury, Inc. Name of Corporation			
DOCUMENT NUMBER: N160000 1998			
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:			
Sopre F By 20 r Name of Contact Person			
ZION CANTORUM INC			
BION CANTORUM, INC			
23159 ALLEN AUE. Address			
PORT CHARLOTTE FL 33980 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 (941) 625-4945 Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
Tallahassee, FL 32314 Cinton Building Callahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

TO: Amendment Section

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bion Cantorom, Inc.
2. The principal office address: 23159 Apren Ave.
Port Charlotte, FL 33980
3. The raailing address (if different):
4. Date of incorporation/qualification: 2/24/16 Document number: N16060001996
5. The name and street address of the current registered agent and registered office on file with the Florica Department of State: (If resigned, enter resigned)
Joan F. Byron
22159 Allen Ave.
Port Charlotte, FL 33980
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): Doan F. Bycan 1 23159 Allen Ave. 1 1 1 1 1 1 1 1 1
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 authorize I by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and title
I hereby eccept the appointment as registered agent and agree to act in this capacity. I further egree 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.
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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