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(R)	equestor's Name)		
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(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
	ocument Number)		
(5			
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only			



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COVER LETTER

TO: Amendment Section Division of Corporations

Business Telecommunications Services, Inc SUBJECT:

Name of Corporation

P01000013901 DOCUMENT NUMBER:

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:

Andres Proano	
Name of Conta	act Person
	npany
2620 SW 27th Av	e.
Addre	\$\$
Miami, FL 33133	
City/State and	Zip Code
aproano@bts.io	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please ca	N:
Andres Proano	at (786) 543.3950
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

CR2E045 (03/12)

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

1. The name of the corporation: Business Telecommunications Services, Inc.			
2. The principal office address: 2620 SW 27th Ave. Miami, FL 33133			
2. The principal of			
3. The mailing add	ress (if different):		
4. Date of incorporation/qualification: 02/06/2001		Document number: P01000013901	
5. The name and st	reet address of the current registered age ent of State: (If resigned, enter resigned)	ent and registered office on file with the	
H	lillary K. Rodriguez, PA		
7	17 Ponce de Leon Bouleva	ard, Suite 332	
<u>C</u>	Coral Gables, FL 33134	EP TI	
6. The name and st (if changed):	reet address of the new registered agent	(if changed) and /or registered office	
A	ndres Proano		
2	620 SW 27th Ave. Miami,	FL 33133	
	P.O. Box NOT åe	ceptable	
The street address as changed will be	of its registered office and the street ad identical.	ldress of the business office of its registered agent.	
		y its board of directors or by an officer so ted in writing of the change.	
Signature of an officer or director		Rafael Olloqui, C.E.O	
Hereby accept the I further agree to a performance of my agent. Or, if this a hereby confirm tha	e appointment as registered agent and comply with the provisions of all statute whites, and langamiliar with and acc locument is being filed merely to reflec at the corporation has been notified in w	agree to act in this capacity. as relative to the proper and complete sept the obligation of my position as registered it a change in the registered office address, I writing of this change.	
		09/05/2017	
If signing-on-beha	if of an entity:	Date	
Andres Proa	ano d or Printed Name		
* * * FILING FEE: \$35.00 * * *			
MAII CR2E045 (03/12)	Make checks payable to Flori , to: Division of Corporations, P.O	IDA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, FL 32314	