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(City/State/Zip/Phone #)	08/25/1001004029 **42		
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TO:	Amendmen Division of	t Section Corporations					
SUBJ	ECT:	BCG OF ORLA	NDO, INC.				
DOC	UMENT NUI	MBER:P01	000081232				
The e	nclosed Stater	nent of Change of Registered Offic	e/Agent and fee are subm	itted for filing.			
Please	return all con	Tespondence concerning this matte	r to the following:				
			A. JURADO ntact Person	an are			
DADE TRUSS COMPANY, INC.							
		Firm/C	ompany				
	6401 NW 74 AVE						
			lress	 			
	MIAMI, FLORIDA 33166 City/State and Zip Code						
		SJURADO	@BCG.BZ				
	_	E-mail address: (to be used for	future annual report not	ification)			
For fi	urther informa	tion concerning this matter, please	call:				
		LVADOR JURADO	at (305)	592-8245 time Telephone Number			
	Nan	ne of Contact Person	Area Code & Day	time Telephone Number			
Enclo	sed is a \$35.0	0 check made payable to the Depar	rtment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, 1	Section Corporations ing ve Center Circle			

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

4

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	ate of FLORIDA
	the corporation: BCG			
2. The principal	office address: 6401 N	IW 74 AVE, MI	AMI, FL 33166	<u> </u>
3. The mailing	address (if different):			
4. Date of incom	poration/qualification:	8-15-2001	Document number:	P01000081232
	d street address of the cur rtment of State: (If resign		nt and registered office on	file with the
	SALVADOR A. JU	RADO JR, ESC	2.	
	6401 NW 74 AVE			
	MIAMI, FL 33166			
6. The name an (if changed):		w registered agent ((if changed) and /or register	2010 AUG 25 SECATE TABLY red office
	SALVADOR A. JU	RADO		16 2g
	6401 NW 74 AVE		_	
	MIAMI, FL 33166	P.O. Box NOT a	ecceptable	1 2: 5 1 ATE LERIE
The street addr	ress of its registered office lbe identical.	ce and the street ad	dress of the business offic	, S
	/ /	/ /	by its board of directors or fied in writing of the chan	
Signat	ard of an officer or director	\leq	SALVADOR A	
		ristered agent and visions of all statute ad accept the obliga ct a change in the g of this change.	agree to act in this capact es relative to the proper a ation of my position as reg registered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
	gnature of Registered Agent		8-20-3	೦/೦
	ehalf of an entity:		3.00	
	Typed or Printed Name			

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