

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATI

COVER LETTER

SUBJECT: DIX Company			
SUBJECT: D/Y Company (Name of Corporation)			
DOCUMENT NUMBER: 10200059267			
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:			
BRUCE E. SINGLE FON (Name of Contact Person)			
OVER LETTER			
RNX COMMANU			
BNX Company)			
5630 Venetian BLVD NE			
(Address)			
SAINT Pekisburg, FL 33703-1840 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Bruce STN9/e+oN at (727) 374-3894 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Same of Confact Person)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32301			

TO: Amendment Section Division of Corporations

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: BNX Company
2. The principal office address: 5630 Venetian BNO NE
Spirit Petersburg, FL 33703-1840
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/28/2002 Document number: P0200059267
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Bruce E, Sincleton
7505 CHANTON TRAIL AMERICAN SEE ST.
Bayanet Point FU 34669 SER N
6. The name and street address of the new registered agent (if changed) and /or registered office =
(if changed):
20
5630 Venetian BIVD NE
SAINT PETERSLUNG, FL 33703-1840
SAINT TOHISPURY, PZ 33/00 10/V
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.
Bruce E, Siw Class Resorder (Signature of an officer or director) Bruce E, Siw Class Resorder (Printed or Apped 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.
Aug 5 1:74 Tue 27 - 7
(Signature of Registered Agent) (Dete)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)