

Pb2000104 743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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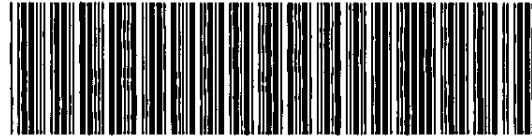
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
11/6/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Business Consulting & Management Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000104743

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:

Louis R. Biron

Name of Contact Person

Firm/Company

2211 Poinsettia Dr.

Address

Longwood, FL 32779

City/State and Zip Code

lbiron@sihle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Biron

Name of Contact Person

at (407) 252-0239

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

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: BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.
2. The principal office address: 1021 Douglas Ave.
Altamonte Springs, FL 32714
3. The mailing address (if different): 2211 Poinsettia Dr.
Longwood, FL 32779
4. Date of incorporation/qualification: 09/25/2002 Document number: P02000104743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Louis R. Biron

3823 Dunedin Ct.

Apopka, FL 32712

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2211 Poinsettia Dr.

P.O. Box NOT acceptable

Longwood, FL 32779

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.

Louis R. Biron

Signature of an officer or director

Louis R. Biron, Pres

Printed or typed 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.

Louis R. Biron

Signature of Registered Agent

10/30/2013

Date

If signing on behalf of an entity:

Louis R. Biron

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 (03/12)

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