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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BITHELL-STALMACH TEAM, INC.

Name of Corporation

DOCUMENT NUMBER: P03000010227

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:

Agnes Gray

Name of Contact Person

BITHELL-STALMACH TEAM, INC.

Firm/Company

1114 S Southlake Dr

Address

Hollywood, FL 33019

City/State and Zip Code

ellenagnes2@gmail.com

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

For further information concerning this matter, please call:

Agnes Gray

,954

、559-7273

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

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

		gistered agent, or both, in the State of Florida.
1. The name of the corpo	ration: BITHELE-STAI	MACH TEAM, INC.
2. The principal office ac	Idress: 1114 3 30utilla	ike Dr Hollywood, FL 33019
3. The mailing address (i	f different):	
4. Date of incorporation/	qualification: 01/24/200	3
5. The name and street a		ed agent and registered office on file with the
Agne	s Gray	
1939	1939 Hollywood Blvd	
Holly	wood, FL 33020	
6. The name and street a (if changed):	ddress of the new registered	agent (if changed) and /or registered office
Agne	s Gray	
• 1114	S Southlake Dr	
Holly	wood, FL 33019	NOT acceptable .
The street address of its as changed will be iden	registered office and the strical.	reet address of the business office of its registered agent,
Such change was authorized by the board	rized by resolution duly ado, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
Agnes Gray Signature of an off	11/16/17 11:24AM EST VORI-PZSJ-WLZ-TQTS	Agnes Gray, Mgr
I hereby accept the app I further agree to comp	ointment as registered agen ly with the provisions of all es, and I am familiar with a	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ted in writing of this change.
Agnes Gray	dotloop verified 11/16/17 11 24AM EST JZGS-D6BL-QIWL-LC7L	11/16/2017
Signature of R	egistered Agent	Date
If signing on behalf of a	in entity:	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

dotloop signature verification: $v_1 \leftrightarrow v_2 = 1, \dots, v_n = v_0 + v_1 + v_2 = 0, \dots, v_n = v_n = 1, \dots, v_n = v_$