## P03000014303

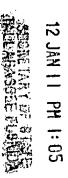
(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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Rochange Theurs 1-11-12

## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations						
SUBJECT: The B C H Goup Inc  Name of Corporation							
DOCUMENT NUM	MBER: P03	000014303					
The enclosed Stater	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.					
Please return all cor	respondence concerning this matter	to the following:					
Harvey Wolfman							
Name of Contact Person							
	T. B.C.I.						
	The B C H						
	Fillibec	mpany					
	4530 N. Hiatus	Rd Suite 101					
•	Add						
	Sunrise, Flo	orida 33351					
	City/State ar	d Zip Code					
a may literate With a high great years							
consultants@thebchgroup.com  E-mail address: (to be used for future annual report notification)							
	`	•					
For further informat	ion concerning this matter, please of	all:					
F	larvey Wolfman	at ( 954 ) 749-2332					
	e of Contact Person	at ( 954 ) 749-2332 Area Code & Daytime Telephone Num	nber				
Enclosed is a \$35.00	check made payable to the Depart	ment 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					



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2012

HARVEY WOLFMAN THE B C H GROUP, INC. 4530 N. HIATUS ROAD, SUITE 101 SUNRISE, FL 33351

SUBJECT: THE B C H GROUP, INC.

Ref. Number: P03000014303

We have received your document for THE B C H GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 312A00000104

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

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re	organize	d under the laws of the Sta	nte of Florida	his 	
I. The name of the corporation: The BCHGr	oup li	nc			
2. The principal office address: 4530 N. Hiatus F	Rd, Su	ite 101, Sunrise, Flor	ida 33351		
3. The mailing address (if different): SAME					
4. Date of incorporation/qualification: 02/06/2	2003	Document number:	P030000	014303	
5. The name and street address of the current register Florida Department of State: (If resigned, enter resigned).		nt and registered office on	file with the		
Harvey Wolfman			<del>.</del>		
10250 NW 46 Street					
Sunrise, Florida 33351				<b>2</b> フリ	
6. The name and street address of the new registered (if changed):	l agent (i	if changed) and /or registe	red office	第二 早	
Harvey Wolfman					
4530 N. Hiatus Rd., Suite 10	01 ox NOT ac	centable		5	
Sunrise, Florida 33351	J. 1101 W				
The street address of its registered office and the sas changed will be identical.	treet ad	dress of the business offic	ce of its register	red agent,	
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been authorized by the board authorized by the bo	lopted b	y its board of directors or led in writing of the chan	r by an officer s ige.	60	
Signature of an officer or director	-	Harvey V	Volfman		
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this change.	ent and a I statute e obliga in the r ange.	•		rformance Or, if this m that the	?
	-	12/28/	2011		
Signature of Registered Agent		Date			
If signing on behalf of an entity:					
Typed or Printed Name					

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