

P03000018367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

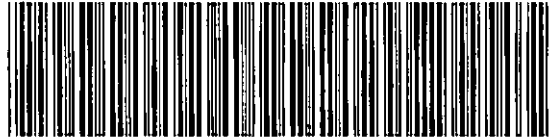
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/23 received an email responding
to my email about making
correction to RA's name.
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Rec. 8/17/18

Office Use Only



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1640
OFFICE OF THE STATE
CLERK
19 AUG 23 AM 10:19

RA Change

AUG 23 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BD Financial Concepts, Inc.
Name of Corporation

DOCUMENT NUMBER: P030000618367

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:

Beah del Cid
Name of Contact Person

BD Financial Concepts, Inc.
Firm/Company

218 Sanford Ave.
Address

Sanford, FL 32771
City/State and Zip Code

Beah@BDFinancialConcepts.com
E-mail address: (to be used for future annual report notification)

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
18 APR 23 AM 10:18

For further information concerning this matter, please call:

Beah del Cid at (407) 833-9733
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**

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: BD Financial Concepts, Inc.
2. The principal office address: 218 Sanford Ave., Sanford, FL 32771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-17-2003 Document number: P03000018367
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)

Beah E Del Cid,
1711 Swallowtail Lane
Sanford, FL 32771

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

Beah E Del Cid,
218 Sanford Ave.
Sanford, FL 32771

P.O. Box NOT acceptable

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.

Beah E Del Cid
Signature of an officer or director

Beah del Cid - Owner
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.

Beah E Del Cid
Signature of Registered Agent

7-26-2018
Date

If signing on behalf of an entity:

4
Typed or Printed Name

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