## P03000156583

(Re	questor's Name)	
	_	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u></u>
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9/24/04.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BQ INTERNATIONAL (Name of corporation)
DOCUMENT NUMBER:
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:
SCOTT SETPLE  (Name of contact person)
BQ TNTERNATUNAL (Firm/Company)
28780 US HWY 19 N (Address)
CLEARUA TER FL 3376   (City/state and zip code)
For further information concerning this matter, please call:
Scott Semple at (727) 432-9549 (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 409 E. Gaines Street Tallahassee, FL 32399

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

-	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ge 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	e corporation: BQ INTERNATIONAL INC.
2. The principal of	ffice address: 28780 US HWY 19 N
	CLEARWATER FL 33761
3. The mailing add	dress (if different):
4. Date of incorpor	ration/qualification: 12-23-03 Document number: 300025722763
5. The name and s Florida Departm	street address of the current registered agent and registered office on file with the nent of State:
	SCOTT SEMPLE
	284 KATHERINE BUD #8212
	Pain HARBUR FL 34684 = = =
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered office
	Scott Semple
	28780 US HWY 19 N
_	(P.O. Box NOT acceptable)
	CLEARWATER FL 33761
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the t	authorized by resolution duly adopted by its board of directors or by an officer so to be a corporation has been notified in writing of the change.
A	S S
~	(Printed or director) (Printed or typed name and title)
hereby accept the further agree to confirm duties, and I document is being to corporation has be	e appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the sen notified in writing of this change.
	9-11-04
· · · · · · · · · · · · · · · · · · ·	re of Registered Agent) (Date)
f signing on behalf	f of an entity:
Clyner	d or Printed Name)

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