P04000139122

questor's Name)			
dress)			
dress)			
y/State/Zip/Phone	e #)		
☐ WAIT	MAIL		
siness Entity Nar	ne)		
(Document Number)			
_ Certificates	s of Status/		
Special Instructions to Filing Officer:			
	dress) dress) //State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates		

Office Use Only



400249729904

07/22/13--01034--015 **35.00

FILED

13 JUL 22 AH 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 2 5 2013
EXAMINER

COVER LETTER,

TO: Amendment Section Division of Corporations

SUBJECT: Bullet Cement Corporation

Name of Corporation

DOCUMENT NUMBER: P04000139122

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:

Ralph DeFronzo

Name of Contact Person

Firm/Company

PO Box 414353

Address

Miami Beach, FL 33141

City/State and Zip Code

defronzo.t@gmail.com

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

For further information concerning this matter, please call:

Ralph DeFronzo

305 \ 776-0371

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

		ion organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Bullet Cem	nent Corporation	
2. The principa	l office address: 525 71st S	treet, Miami Beach, FL 33141	
			
3. The mailing	address (if different): PO Box	x 414353, Miami Beach, FL 33141	
4. Date of incor	rporation/qualification: 10/07/	/2004	
5. The name an		gistered agent and registered office on file with the	
	Ralph DeFronzo		
	360 Greco Avenue, S	uite 208	
	Coral Gables, FL 331	46	
6. The name an (if changed):		tered agent (if changed) and /or registered office S	-
	Ralph DeFronzo	HAS	=
	525 71st Street, Mian	ni Beach, FL 33141	m
	P.0	O. Box NOT acceptable O. Box NOT acceptable O. Box NOT acceptable	O
The street addr	ress of its registered office and t	he street address of the business office of its registered age	nt,
authorized by t	the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Ka /ph)	ure of an officer or director	Ralph DeFronzo Printed or typed name and title	
I hereby accep I further agree performance o agent. Or, if the	t the appointment as registered to comply with the provisions o f my duties, and I am familiar w his document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and complete of the and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
16. 101	H.J	July 18, 2013	
Si	gnature of Registered Agent	Date	•
If signing on be	ehalf of an entity:		
Ralph DeF			
٦	Typed or Printed Name		

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