

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180000278113)))



H180000278113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
BCB SALES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA/Rd/chg

JAN 24 2018

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RCB SALES, INC.

Name of Corporation

DOCUMENT NUMBER: PD4000154989

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:

Palm Beach

Name of Contact Person

RCB SALES, INC.

Firm/Company

356 MEADOWCREST CIRCLE

Address

CANTON, GA 30115

City/State and Zip Code

plbeach1@comcast.net

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

For further information concerning this matter, please call:

Kimberly Steinmetz

888

201-6278

Name of Contact Person

at (

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

CR210045 (03/12)

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: BCB SALES, INC.
2. The principal office address: 356 MEADOWCREST CIRCLE CANTON, GA 30115
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/01/2005 Document number: PD4000154989
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)

CHERI SANTIAGO

149 GRANADA STREET

ROYAL PALM BEACH, FL 33411

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

NRAI Services, Inc.

c/o NRAI Services, Inc., 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Kimberly Steinmetz
Signature of an officer or director

PAMELA BEACH SECRETARY
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.

By Kimberly Steinmetz Signature of Registered Agent
NRAI Services, Inc. Kimberly Steinmetz
Vice President and Assistant Secretary 1/23/18 Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
2018 JAN 23 AM 8:41
SECRETARY
TALLAHASSEE, FL 32314