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SECRETARY OF STATE TALLAHASSEE FLORIDA O9 SEP 21 PM 3: 30

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Baci da, Inc. Name of Corporation			
DOCUMENT NUMBER: P04000165793			
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:			
Wendy Reaber Name of Contact Person			
Name of Contact Person			
Baci da, Inc			
351 NE 51 st Street			
Qakland Park, FL 33334 City/State and Zip Code			
info @ baci-da.com			
E-mail address: (to be used for future annual report notification)			
(
For further information concerning this matter, please call:			
Wordy Peaker at 561, 400-1854 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			
Division of Corporations Division of Corporations			

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

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
1. The name of the corporation: Baci da, Inc.
2. The principal office address: 351 NE 51st St., Oakland Park, FL, 33334
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/1/05 Document number: P04000165793
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) Wender Reg bec 1000 SE 4th St # 211 Fort Laucherdale FL 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Webst Kobber
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. Wered Reaber Resident Signature of an officer or director 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.
If signing on behalf of an entity: Wencly Health

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