. (Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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02/26/08--01012--002 **35.00

COVER LETTER

TO: Amendment So Division of Co			
SUBJECT:	BIZ BROKERS (Name of Corpo	INC oration)	
DOCUMENT NUMBER: POSODOD 1919			
The enclosed Statemen	t of Change of Registered Office/Ag	ent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:			
		-	
	VIJAY GULATI (Name of Contact		
	(Name of Contact	Person)	
	BIZ BROKERS (Firm/Compa	INC.	
	(Firm/Compa	any)	
	to9 MONTGOMERY (Address)	ROAD # 135	
ALTAMONTE SPRINGS FL-32714 (City/State and Zip Code)			
For further information concerning this matter, please call:			
VIJ AY (Name	GUCAT1 all 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

statement of change is submitted for a corporation organized under the laws of the State of Further A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BIZ BROKERS INC.
2. The principal office address: 409 MONTGOMERY ROAD # 135
ALTAMONTE SPRINGS FL-32714
3. The mailing address (if different):
4. Date of incorporation/qualification: 0105 2005 Document number: Posocooi919
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
VIJAY GULATI 102 AMBERWOOD CT SEE ST
102 AMBERWOOD CT
LONAWDOD FL 32779
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
VISAY GULATI
409 MONTGOMERY RD # 135
(P.O. Box NOT acceptable)
ALTAMONTE SPRINGS FL 32714
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.
(Signature of an officer or director) VISAY GUATI Prop. (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.
(Signature of Backered Agent)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
VIJAY, GULATI (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