P05000066/55

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TO:	Amendment Section Division of Corporations	·	
SUBJI	ECT: BPG Soeurs, Inc.	poration)	
	(Number Co.	polition	
DOCU	JMENT NUMBER: P05000066155		
The en	iclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to	the following:	
	Neal A. Sivyer, Esq.		
	Neal A. Sivyer, Esq. (Name of Conta	act Person)	
	`	,	
	Charas Bastons 9 Materia D.A		
Sivyer Barlow & Watson, P.A. (Firm/Company)			
	(* 55	F,	
	404 East Jackson Street Suite 20	225	
	401 East Jackson Street, Suite 22 (Addre		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Tampa, FL 33602	,	
	(City/State and	Zip Code)	
For fu	rther information concerning this matter, please cal	1:	
Neal A	A. Sivyer, Esq.	at (_813) 221-4242	
	(Name of Contact Person)	at (813) 221-4242 (Area Code & Daytime Telephone Number)	
Enclos	sed is a \$35.00 check made payable to the Departm	ent of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

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.
. The name of the corporation: BPG SOEURS, INC.
2. The principal office address: 100 SOUTH ASHLEY DR SUITE 2150 TAMPA, FL. 33602
3. The mailing address (if different):
b. Date of incorporation/qualification: 05/03/2005 Document number: P05000066155
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SIVYER, NEAL A
100 S ASHLEY DR. SUITE 2150
100 S ASHLEY DR. SUITE 2150 TAMPA, FL. 33602
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): SIVYER, NEAL A SIVYER
401 E. JACKSON ST. SUITE 2225 (P.O. Box NOT acceptable)
TAMPA, FL. 33602
The street address of its registered office and the street address of the business office of its registered agent, s 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.
Relucco R Bennett (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
(Sign App of Registered Agent) (Date)
f 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 (8/05)