P06000050096

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COVER LETTER

TO: Amendment Section **Division of Corporations** BTPC Investments Inc. Name of Corporation P06000050096 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: Irlande Joseph Name of Contact Person Firm/Company 1202 NW 137th AV Address Pembroke Pines FL 33028 City/State and Zip Code Irlandel@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irlande Joseph Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Name of Contact Person

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

	•	617.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of	•
-	<u> </u>	r registered agent, or both, in the State of	
1. The name of	f the corporation: BTPC al office address: 1202 NW 13	7th AV	·
	ke Pines FL 33028		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 07-200	6 Document number: P0600	00050096
	nd street address of the current regi artment of State: (If resigned, enter	stered agent and registered office on file wresigned)	vith the
	Irlande Joseph		_
	1202 NW 137th AV		_
	Pembroke Pines FL 33	3028	-
6. The name at (if changed)		red agent (if changed) and /or registered of	ffice
	Pagane Alexandre		
	1202 NW 137th AV		_
	P.O. Pembroke Pines FL 33	Box NOT acceptable	,
The street add as changed wi	ress of its registered office and the ll be identical.	e street address of the business office of i	ts registered agent,
Such change v authorized by	vas authorized by resolution duly a the board or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	officer so
Sw	2	Pagane Alexandre Pre	sident
I hereby accept further agree of performance of agent. Or, if the	e to comply with the provisions of my duties, and I am familiar with	Printed or typed name and di gent and agree to act in this capacity. all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic otified in writing of this change.	nplete 5 3 n as registered
Solle	andie	May 23,2013	
Si	ignature of Registered Agent	Date	100 The 100 Th
If signing on b	ehalf of an entity:		型滑 N
Pagane A	lexandre	_	CA .
	Typed or Printed Name		

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	r.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of	
-		egistered agent, or both, in the State of Florida.	•
1. The name of	the corporation: BTPC		
2 The principa	al office address: 1202 NW 137t	h AV	
	ke Pines FL 33028		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 07-2006	Document number: P06000050096	
	nd street address of the current register artment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	
	Pagane Alexandre		
	1202 NW 137th AV	2013 HAY SECRET	
	Pembroke Pines FL 330	28 ARET	Tu
6. The name ar (if changed):	•	agent (if changed) and /or registered office	10
	Irlande Joseph		
	1202 NW 137th AV		
	Pembroke Pines FL 330	NOT acceptable	
The street addr as changed wil	ress of its registered office and the st	reet address of the business office of its registered age	nt,
Such change wauthorized by	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.	
Sti		Irlande Joseph vice President	
I hereby accep I further agree performance o agent. Or, if it	f my duties, and I am familiar with a	statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address. I	
All		May 23,2013	
	gnature of Registered Agent	Date	•
If signing on b	ehalf of an entity:		
Irlande Jo			
,	Typed or Printed Name		

:==

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

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