## P06000013411

· (Requestor's Name)			
(Address)			
<b>,</b>			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2-2-3-3-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			
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## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	B.C.G. Syste (Name of Corp	ens Inc.
DOCUMENT N	UMBER: P060000 ¥3	04 71
The enclosed Sta	tement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Silvina N. O	
	(Name of Contac	et Person)
	B.C.6.	Systems Inc.
	(riiii/Comp	oany)
	100 Linco	In Rd #415
	(Address	s)
	Miami Beach, 1	F1, 33139 Zip Code)
For further inform	nation concerning this matter, please call	·
		at ( 486 ) 302 9490 (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departme	nt 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

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: BCG Systems, Inc.	
2. The principal office address: 100 Lincoln Rd #415	
Miami Beach = 1 33139	
3. The mailing address (if different): 100 Lincoln Rd #415	
Miami Beach, Fl 33139	
4. Date of incorporation/qualification: 05/25/2006 Document number: P06000 \( \frac{434}{34} \)	, 5
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Silvina N. Gallino	
100 Lincoln Rd #415	
Hiami Beach Fl 33139	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
T E E E Caitle O. N. Gattin	
8208 NW 64th St # 2 F	
(P.O. Box NOT acceptable)  History FI 33166  9	
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)  President: Silving Gatting  (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.	
4005/41/01	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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