

P08000001450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

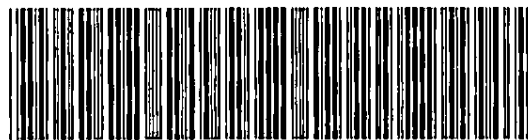
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100309773411

03/05/18--01013--012 **25.00

2018 MAR -5 AM 10:24

MAR 07 2018
C McNAIR

COVER LETTER

2018 MAR -5 AM 10:47

TO: Amendment Section
Division of Corporations

SUBJECT: **BCAV INC**

Name of Corporation

DOCUMENT NUMBER: **P08000001450**

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:

ROBERT MELNIK

Name of Contact Person

BCAV INC

Firm/Company

1800 NW 15TH AVE SUITE 130

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

bob@bdigitalhifi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert melnik

Name of Contact Person

954 8761348

at () 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**

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: BCAV INC
2. The principal office address: 1800 NW 15TH AVE SUITE 130
POMPAÑO BEACH, FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P08000001450

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)

KRISTEN WOODS CPA LLC
12035 REBECCAS RUN DRIVE
WINTER GARDEN, FL 34787

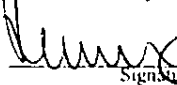
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT MELNIK
20732 SNUG CREEK CT
P.O. Box NOT acceptable
BOCA RATON, FL 33498

2018 MAR -5 AM 11:41

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.

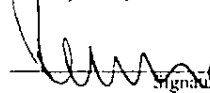


Signature of an officer or director

ROBERT MELNIK VP

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 Registered Agent

02/26/2018

Date

If signing on behalf of an entity:

ROBERT MELNIK

Typed or Printed Name

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