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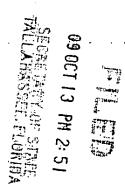
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C.COULLIETTE

OCT 13 2009

EXAMINER

COVER LETTER

SUBJECT: BHERFLY DISTRIBUTES, INC. Name of Corporation
DOCUMENT NUMBER: P080000 7003
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:
Keith Syca Name of Contact Person
BHERFY DISTRIBUTERS, FOX
55 NE St. Ale Suite 400
Boca Roton, PL 3343 D. City/State and Zip Code

For further information concerning this matter, please call:

Amendment Section Division of Corporations

TO:

at (305) 990-6545 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BAJECFLY DISTRIBACTS, INC.
2. The principal office address: 55 NE 5th Are #400 BOCA Roten, FL 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/18/2008 Document number: POF COO GO 700
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)
Kerrh Singer
3351 NW 2rd Are
Boca Roten, Fr 33019
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
19697 NE 2360 Ct. Miami FL 33180 Miami FL 33180
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. C Signature of an officer or director 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 Date
Signature of Registered Agent Date If 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)