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(Re	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: 13: Ke Bits TNC Name of Corporation
DOCUMENT NUMBER: P 0 900000 3948,
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:
John C.: Smith Name of Contact Person
Bike Bit's FAC Firm/Company
7755 103rd Aue
Vereo Beach FL 32967 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 257-4927 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

TO:

Amendment Section

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

	unge is submitted for a corporation organized under the laws of the State of <u>FloreidA</u> er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of (the corporation: Bike Bit's INC.
2. The principal	office address: 7755 103 Rd Ave.
	Vero Beach, FL 32967
3. The mailing a	address (if different): (SAME)
4. Date of incoη	poration/qualification: 1/6/2009 Document number: P0900000
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Tohn C. Smith
	11800 NW 33Rd ST
	SUNRISE, FC 33323 5
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	7755 103 Pd Ave
	P.O. Box NOT acceptable Vieno Bead, FL. 32967
The street addre	ess of its registered office and the street address of the business office of its registered age be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signate	Appl an officer or affector Printed or typed name and title
l furthér agrée performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	mature of Registered Agent Date

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