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10 JAN 11 PH 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORID

RA. Change C.COULLIETTE

JAN 12 2010

EXAMINER

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: BWING TYME INC. Name of Corporation
DOCUMENT NUMBER: P0900085835'
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:
NI CHOLAS DILALLO Name of Contact Person
BUYING TYME INC.
18162 NW 21 ANT Address
MIAMI GORDUNS, FC. 33169 City/State and Zip Code
City/State and Zip Code NICKYDS 7806 @ GMAIL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 343-7729 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 Street Address: Amendment Section Division of Corporations Clifton Building
1 to: Dog ope.

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

statement of chang	e is submitted for a	607.0502, 617.0502, corporation organiz red office or register	ed under the law.	s of the State of $_$	FLORIDA.
1. The name of the	corporation:	BUYING	TYME	INC	
2. The principal of		18162 N 1AM1 GARRI	oons, Fi	. 3316	59
3. The mailing add	ress (if different):_				
4. Date of incorpor	ation/qualification:	10/16/09	Document no	ımber: <u>Po</u>	90000858
		current registered ag- igned, enter resigned		office on file wi	th the
_	SPIEC	EL + U	TRERA	P.A.	
_	1840	SN 28	87	478	FLOOR
6. The name and st	treet address of the t	FC. 33		or registered off	TAILS SEC
(if changed):	4	LO BARB			至三
		N.W. 2			Steam
_		P.O. Box NOT		33/69	STATION IN
The street address as changed will be	of its registered of identical.	ffice and the street a	address of the bu	siness office of i	ts registered agent,
Such change was authorized by the	authorized by reso board or the corpo	lution duly adopted oration has been not	by its board of d ified in writing o	irectors or by ar of the change.	officer so
- Agnature of	or an officer or director		N/ CHC	ed or typed name and t	INCO PROS
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appointment as r comply with the pr I am familiar with gfiled merely to rej een notified in wri	egistered agent and ovisions of all statu and accept the obli- flect a change in the ting of this change.	l agree to act in ites relative to th gation of my pos registered office	this capacity, e proper and col ition as registere e address, I here	mplete performance ed agent. Or, if this by confirm that the
A Brill	1 Dalla ture of Registered Agent	no	1/7/	Date	
If signing on beha	alf of an entity:				
Турс	ed 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 * * *