P09000101474

(R€	equestor's Name)	· · · · ·			
(Ad	ldress)				
(Ad	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Amendment Division of	Section Corporations			
SUBJ	ECT:	BO GROUP EN	ITERPRISES, INC of Corporation		
DOCU	JMENT NUN	1BER:	209000101474		
The en	closed Statem	ent of Change of Registered	Office/Agent and fee are submit	ted for filing.	
Please	return ali con	respondence concerning this	matter to the following:		
		•			
			E RUNSTADLER		
	_	Name	of Contact Person		
	_		MOORMAN. PC		
		rı	rm/Company		
		255 E P.D.C	MANI OT CHITE 220		
	-	233 E BRC	WN ST, SUITE 320 Address		
		BIRMIN	GHAM, MI 48009		
	•		ate and Zip Code		
		COUNCTADI FO			
	-		BERRYMOORMAN.COM for future annual report notif		
		(· ,	
For fu	rther informat	ion concerning this matter, p	ease call:		
		RGE RUNSTADLER e of Contact Person	at (<u>248</u>) Area Code & Dayti	645-9680	
	naiii	e of Confact Person	Area Code & Dayti	me reiephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.					
		Mailing Address:	Street Address:	A	
		Amendment Section Division of Corporation	Amendment Se ns Division of Co		
		P.O. Box 6327	Clifton Buildin	•	
		Tallahassee, FL 32314		e Center Circle	
		,	Tallahassee, F	•	

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

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flori I under the laws of the State I agent, or both, in the State	of FLORIDA
1. The name of t	he corporation: BO GF	ROUP ENTER	RPRISES, INC.	
			DELRAY BEACH, FL	33483
3. The mailing a	ddress (if different): MR	. BO ANDERS	SON, WATTMANNGA	SSE 39,
	11	30 WIEN, AUS	TRIA	
4. Date of incorp	oration/qualification:	12/18/2009	Document number:	P09000101474
	street address of the curt tment of State: (If resigne		t and registered office on file	e with the
	CT CORPORATIO	N SYSTEM, 12	00 PINE ISLAND ROA	<u>D</u> 23
	PLANTATION, FL	33324		2010 APR 12 2010 APR 12 d office
6. The name and (if changed):	street address of the new	v registered agent (i	if changed) and /or registered	d office SEE
	BO ANDERSSON			PRIZ: 4
	825 NE, 1ST STRE	P.O. Box NOT ac	omtable	
	DELRAY BEACH, I		сершие	
	ess of its registered office be identical.	e and the street add	dress of the business office y its board of directors or b	
->	re of an officer or director		BO ANDEF	RSSON
I further agree of my duties, an document is bei	the appointment as regi to comply with the provi of I am familiar with and ng filed merely to reflec been notified in writing	sions of all statute I accept the obliga t a change in the r	agree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I i	
-			<u>BO ANDER</u>	SSON
_	nature of Registered Agent		Date	
If signing on be	half of an entity:			
T	yped 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 * * *