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To:

**Division of Corporations** 

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:			
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40 T. 15 C. 11: 52

## REGISTERED AGENT CHANGE BOECKER AMERICA CORP.

Certificate of Status	0	
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JUM 1 9 2020

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

statement of cha	nge is submitted for a corporation	017.0502, 607.1508, or 017.1508, Florida on organized under the laws of the State of	Floreia		
<del></del>		or registered agent, or both, in the State of	Florida.		
	the corporation: Boecker America				
2. The principal	office address: 2525 PONCE DE	E LEON BOULEVARD, 1040, CORAL GAI	BLES, FL 3	3134	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/18/201	Document number: P10000	015241		
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file w r resigned)	with the		
	RESIGNED		-		
			-		
			SEC TA	2020	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and for registered of	RETAR LLAHI	8 I NNF 0202	
	Northwest Registered	Agent LLC	ASSE 40 Y		'n
	7901 4th St N STE 300		EST TEST	AM ::: 0	
	St. Petersburg FL 337	. Box NOT acceptable	J.E.	<del>-</del>	
			-		
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of it	ts registere	d agen	ι.
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so		
Martin U	// / / / / / / / / / / / / / / / / / /	Martin Wegener, President Printed or typed name and til	îlê		
I further agree i performance of agent. Or. if th	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	igent and agree to act in this capacity. Fall statutes relative to the proper and con th and accept the obligation of my position by to reflect a change in the registered offic otified in writing of this change.	n as reviste	ered I	
lon	Glove	06/17/2020			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Tom Glove		_			
T	yped or Printed Name				

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