P11000037408

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Divis	sion of Corporations	•			
	Bimotics				
SUBJECT:_	Name of Cor	poration			
	P11000037408	•			
DOCUMEN	T NUMBER:				
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return	all correspondence concerning this matter t	to the following:			
	Areeya Lila				
	Name of Conta	act Person			
	Bimotics				
	Firm/Con	npany			
	401 E. Las Olas Blvd. Suite 130-509				
	Addre	SS			
	Fort Lauderdale, FL 33301				
	City/State and Zip Code				
	areeya.lila@bimotics.com				
	E-mail address: (to be used for fut	ure annual report notification)			
For further in	nformation concerning this matter, please ca	II:			
Areeya Lila		786 514 - 9239			
· · · · · ·	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a	\$35.00 check made payable to the Departm	nent of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

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

Pursuant to the provi	sions of sections 607.0502, 617.05	502, 607.1508, or 617.1508, Floria mized under the laws of the State o	la Statutes, this Florida
		stered agent, or both, in the State (
 The name of the co The principal office 	3340 NE 190th St.	APT 401, Aventura, FL 3318	30
3. The mailing address	s (if different):	s Blvd. Suite 130-509, Fort	Lauderdale, FL 3330
4. Date of incorporati	on/qualification: 04/18/2011	Document number:	00037408
	et address of the current registered t of State: (If resigned, enter resign	agent and registered office on file ned)	with the
R	oberto Landrai	4	
401	E. Las Olas Blvd. Ste 130-	509	
For	Lauderdale, FL 33301		
(if changed):	et address of the new registered ag	ent (if changed) and /or registered	office
	0 NE 190th St APT 401		
Ave	P.O. Box NO)T acceptable	
The street address of as changed will be id	its registered office and the stree	t address of the business office of	f its registered agent,
Such change was aut authorized by the box	horized by resolution duly adopte ard, or the corporation has been n	ed by its board of directors or by a otified in writing of the change.	an officer so
Any	Lin	Areeya Lila, COO	,
Signature of an	officer or director	Printed or typed name and	Title
I further agree to coi performance of my di agent. Or, if this doc	uties, and I am familiar with and	itutes relative to the proper and c accept the obligation of my posit flect a change in the registered of	ion as registered
	Eller	Sep 15,2	0/Z
Signature of	f Registered Agent	Date	
If signing on behalf of	of an entity:		
Typed or	Printed Name		

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