

P110000 86038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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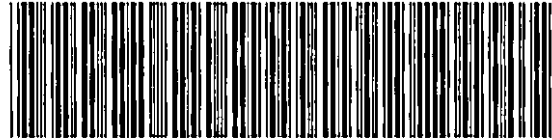
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Bimmer Tech Inc**

Name of Corporation

DOCUMENT NUMBER: **P11000086038**

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:

Maria Aviles

Name of Contact Person

Bimmer Tech Inc

Firm/Company

5502 Force Four Pkwy

Address

Orlando FL 32839

City/State and Zip Code

bimmertechinc@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Aviles

Name of Contact Person

407 802-4920

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bimmer Tech Inc.
2. The principal office address: 5502 Force Four Pkwy, Ste A
Orlando FL 32839
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09282011 Document number: P11000086038

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

M. Maria Aviles
501 W New Nolte Rd
Saint Cloud FL 34769

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TALLAHASSEE, FL 32314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leslie M Negron
501 W New Nolte Rd
Saint Cloud FL 34769

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Martin M. Neely
Signature of an officer or director

MARIA M AVILES officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Leslie M Negron
Signature of Registered Agent

11-3-2017
Date

If signing on behalf of an entity:

Leslie M Negron
Typed or Printed Name

BIMMER TECH INC

5502 Force Four Pkwy Ste A
Orlando FL 32839
407-832-4920

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