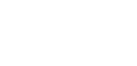
## P13000082098

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only

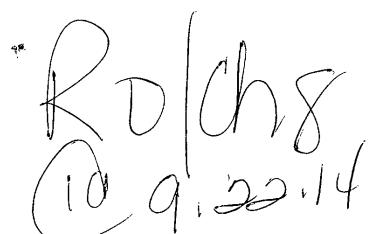




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14 SEP 15 PH 3: 83



## **COVER LETTER**

TO: Amenda Division	ment Section n of Corporations		
SUBJECT:	BYG FINANCIAL SERV Name of Corpo	TCES CORP	
DOCUMENT :	NUMBER: <i>P13600082698</i>		
The enclosed St	tatement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return al	l correspondence concerning this matter to	the following:	
	IGOR BUCK	-	
	Name of Contac	t Person	
	BYG FINANCIAL SE	ERVICES CONP	
	Firm/Comp	any	
	3400 CORAL WAY Address	SUITE 400	
	Address		
MIAMI, FL 33/45 City/State and Zip Code			
	City/State and 2	ip Code	
	in-hora anul	u.	
	E-mail address: (to be used for futu	re annual report notification)	
	•	•	
For further info	rmation concerning this matter, please call	:	
	IGOR BUCES	Bac 23U-5332	
	Name of Contact Person	at ( <u>786</u> ) <u>334-5333</u> Area Code & Daytime Telephone Number	
Enclosed is a \$3	35.00 check made payable to the Departme	nt 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

	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of <b>Floridy</b> ristered agent, or both, in the State of Florida.
1. The name of the corporation:  BYG FIN	_
2. The principal office address: 3400 ConAt	L WAY, SUITE 400
3. The mailing address (if different):	
4. Date of incorporation/qualification: _/0/03/20/	23 Document number:
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	
IGOR BU	CES
1850 SW 8 STREET,	
MIAMI, PL	33/35
6. The name and street address of the new registered a (if changed):	نَو <b>ال</b> َّنَّ الْمُنْ الْ
IGOR BO	UCES US
3400 CORAL WAY,	SUTTE 400 CONTRACTOR OF THE SURFICE SU
MIAMI, FO	33/45
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
	IGOR BUCES
Signature of artificer or director  I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to r hereby confirm that the corporation has been notified.	tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I d in writing of this change.
Signature of Registered Agent	IGOR BUCES  Date
If signing on behalf of an entity:	Dent
I GOR BUCES	
Typed or Printed Name	
* * * FILING	FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)