P130000034342

_
-
_
_
_
_

Office Use Only



600315783586

07/17/18--01083--028 **55.88



Mr 50 5018

COVER LETTER

SECHETARY OF STATE

TO: Amendment Section

Division of Corporations

2818 JUL 16 AM 11: 05

SUBJECT: BEKKALM CORP	
Name of Corporation	
DOCUMENT NUMBER: P13000084342	

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:

Mariadela P Bekeris Name of Contact Person BEKKALM CORP Firm/Company 11 Sleepy Hollow Dr Address Newtown Square PA 19073 City/State and Zip Code bekeris@msn.com

For further information concerning this matter, please call:

3		
Mariadela P Bekeris	_{at (} 610	3256889
Name of Contact Person	Area Code &	& Daytime Telephone Number

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

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

statement of change is su	is of sections 607.0502, 617.0502, c bmitted for a corporation organize ge its registered office or registere	ed under the laws of the State o	of Florida
1. The name of the corpo	ration: BEKKALM CORP	·	33178
3. The mailing address (if	f different): 11 Sleepy Hollo	w Dr Newtown Squ	are, PA 19073
4. Date of incorporation/o	qualification: 10/11/2013	Document number: P13	000084342
5. The name and street ad	ddress of the current registered ages State: (If resigned, enter resigned)	nt and registered office on file	
Maria	dela P Bekeris		
11643	SW 90 TERR		
MIAM	II, FL 33176		SION C
6. The name and street ad (if changed):	ddress of the new registered agent ((if changed) and /or registered	office office
Maria	dela P Bekeris		_
3500	Torremolinos Ave		_
El Do	P.O Вох NOГасс ral, FL 33178	ceptable	_
The street address of its as changed will be identi	registered office and the street addical.	dress of the business office of	fits registered agent,
Such change was authorized by the board,	ized by resolution duly adopted by or the corporation has been notifi	y its board of directors or by a led in writing of the change.	an officer so
Marico Ber	cer or director	Mariadela P Bekeris Printed or typed name and	VP
l further agree to comply performance of my dutie	ointment as registered agent and a wwith the provisions of all statute, s, and I am familiar with and acco ent is being filed merely to reflect corporation has been notified in w	is relative to the proper and c ept the obligation of my posit	ion as revistered
Haera Ca RB	ton	07/11/2018	
Signature of Re-		Date	
Typed or Print	ted Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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