

P150000 33064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received email correcting  
RIA form from Mr. Bors on  
4/15/2019.

SK

Office Use Only



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03/12/19--01005--013 \*\*35.00

RECEIVED

MAR 15 2019

S TALLENT

APR 15 2019

RIA-CH

10 APR 15 2019 14:43  
10 APR 15 2019 14:43



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2019

VICTOR BORS  
BTL-BORS TRANS LUX INCORPORATED  
715 NE 6TH STREET, UNIT 5E  
FORT LAUDERDALE, FL 33304

SUBJECT: BTL-BORS TRANS LUX INCORPORATED  
Ref. Number: P15000033064

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 819A00005701

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BTL-BORS TRANS LUX INCORPORATED

Name of Corporation

DOCUMENT NUMBER: P15000033064

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:

VICTOR BORS

Name of Contact Person

BTL-BORS TRANS LUX INCORPORATED

Firm/Company

715 NE 6TH STREET, UNIT 5E

Address

FORT LAUDERDALE FL 33304

City/State and Zip Code

BORSVICTOR91@GMAIL.COM ✓

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

For further information concerning this matter, please call:

VICTOR BORS

Name of Contact Person

at ( 786 ) 877-8190

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: BTL-BORS TRANS LUX IN CORPORATION
2. The principal office address: 715 NE 6TH STREET, UNIT 5E  
FORT LAUDERDALE FL 33304
3. The mailing address (if different): 715 NE 6TH STREET, UNIT 5E  
FORT LAUDERDALE FL 33304
4. Date of incorporation/qualification: 04/10/2015 Document number: P15000033064
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)

VICTOR BORS

1339 W 49TH PLACE, APT 419

HIALEAH FL 33012

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

VICTOR BORS


715 NE 6TH STREET, UNIT 5E

P.O. Box NOT acceptable

FORT LAUDERDALE FL 33304

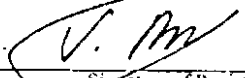
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

VICTOR BORS P  
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.*

  
Signature of Registered Agent

03/05/2019

Date

If signing on behalf of an entity:

VICTOR BORS

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)