

P15 0000 51899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

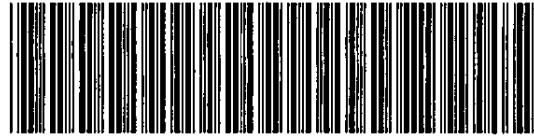
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291028290

10/17/16--01022--023 **35.00

CLERK OF STATE
RECEIVED
OCT 17 2016

2016 OCT 17 AM 4:55

FILED

OCT 19 2015

C. CARROTHERS

Jacksonville (USA)
Los Angeles (USA)
Chichester (Great Britain)
Cologne (Germany)
Munich (Germany)



Best-log Intercontinental Inc.
236 Canal Blvd, Suite 2
Ponte Vedra, FL 32082

236 Canal Blvd., Suite 2
Ponte Vedra, FL 32082

Office: (818) 435-2159

Fax: (818)-936-0194

www.bestlogusa.com

E-Mail: oliver@bestlogusa.com

Contact: Oliver Morgenthaler

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference

Contact
omo

Date
Ponte Vedra, 2016-10-12

Change of Address

Dear Ladies and Gentlemen,

Please find enclosed the Statement of Change of Registered Office for our Company 'Bestlog Intercontinental, Inc.' as we have moved to a new address.

Enclosed is also a check over US \$ 35.00 for the filing fee.

In case you are in need of some additional information, please feel free to contact us anytime.

Yours sincerely,


Oliver Morgenthaler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bestlog Intercontinental, Inc.

Name of Corporation

DOCUMENT NUMBER: P15000051899

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:

Oliver Morgenthaler

Name of Contact Person

Bestlog Intercontinental Inc.

Firm/Company

236 Canal Blvd, Suite 2

Address

Ponte Vedra, FL 32082

City/State and Zip Code

info@bestlogusa.com

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

For further information concerning this matter, please call:

Oliver Morgenthaler

Name of Contact Person

at (818) 435-2159

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

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FL 32301
2016 OCT 17 AM 4:55

FILED

**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: Bestlog Intercontinental Inc.
2. The principal office address: 236 Canal Blvd, Suite 2
Ponte Vedra, FL 32082
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 16th, 2015 Document number: P15000051899
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)
6366 Crab Creek Dr
Jacksonville, FL 32082

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

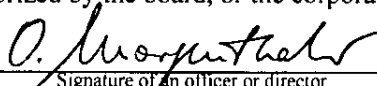
236 Canal Blvd, Suite 2

Ponte Vedra, FL 32082

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.

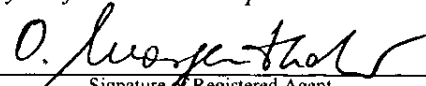
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Oliver Morgenthaller

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

October 12th, 2016

Date

If signing on behalf of an entity:

Oliver Morgenthaller

Typed or Printed Name

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