

P16000050659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

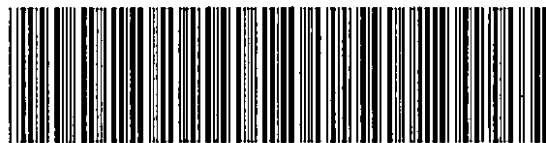
(Business Entity Name)

(Document Number)

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RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BJG Consulting Services, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P16000050659**

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:

Bridget Gerace

Name of Contact Person

Firm/Company

3874 Carrick Bend Dr

Address

Kissimmee, FL 34746

City/State and Zip Code

bridget.gerace80@gmail.com

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

For further information concerning this matter, please call:

Bridget Gerace

Name of Contact Person

631 466-0491

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

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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: BJG Consulting Services Inc
2. The principal office address: 3874 Carrick Bend Dr, Kissimmee, FL 34746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/09/2016 Document number: P16000050659

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)

UNITED STATES CORPORATION AGENTS, INC
.5575 S. SEMORAN BLVD SUITE 36
ORLANDO, FL 32822

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

Bridget Gerace
3874 Carrick Bend Dr
P.O. Box NOT acceptable
Kissimmee FL 34746

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.

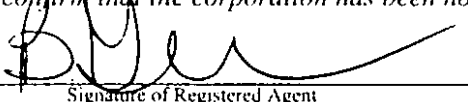


Signature of an officer or director

Bridget Gerace

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

8/1/2019

Date

If signing on behalf of an entity:

Bridget Gerace

Typed or Printed Name

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