## P16000057098

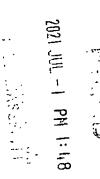
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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ALBRITTON

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	•
CHIDI	ECT: Bo-che Inc	
Name	of Corporation	
DOC	UMENT NUMBER: P16000057098	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Ramil	Roy	
Name	of Contact Person	
Bo-che	e Inc	
Firm/C	Company	
11677	Collier Blvd	
Addre	SS	
Naples	; FL 34116	
City/S	tate and Zip Code	
	Ramilcroy@Sbcglobal.net	
E-mai	l address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
Yousse	of Rashid CPA	at ( <sup>239</sup> ) <sup>313-7166</sup> Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\overline{F}$ registered agent, or both, in the State of F.	lorida
	the corporation: Bo-Che Inc		
	office address: 11677 Collier Blvd,	Naples, FL 34116	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 7/05/2016	Document number: P1600005	7098
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file wit esigned)	th the
	Resigned	. <u>.</u>	
			202
6. The name and (if changed):	, and the second	d agent (if changed) and /or registered offi	2021 JUL -1 PM 1:4
			P. P.
	11677 Collier Blvd.	P.O. Box NOT acceptable	
	Naples, FL 34116	r.O. BOX NOT acceptable	w w
The street addre	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly accept board, or the corporation has be	dopted by its board of directors or by an open notified in writing of the change.	officer so
M	Moy	Ramil Roy, President	
Signatū	re of an officer or director	Printed or typed name and lift	e e
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the giled merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and com we obligation of my position as registered in the registered office address, I hereby ange.	plete performance agent. Or, if this y confirm that the
	Ullay	06-26-21	921
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	ped or Printed 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 \* \* \*