P17000020720

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Ви	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: BevMarc. Inc. Name of Corporation		
DOCUMENT NUMBER: P170000720		
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning		
Beverly Marcano		
Name of Contact Person		
BevMarc, Inc.		
Firm/Company		
478 E. Altamonte Drive, 108-213		
Address		
Altamonte Springs, FL 32701		
City/State and Zip Code		
Pearlbk37@gmail.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matte	er, please call:	
Beverly Marcano	at (917) 603-8123	
Name of Contact Person	at (917) 603-8123 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to t	he Department of State.	
Mailing Address: Amendment Section	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
ATIO IS INTURDED SHEET, SURE 510		

Tallahassee, FL 32303

CR2E045 (04/13)

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

J . . •

statement of ch	mge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida \S on organized under the lows of the State of \S or registered agent, or both, in the State of \S	Florida		_
	the corporation: BevMarc. Inc.	r regisierea agent, or nout, in me state of r	torida.		
		Orive, 108-213, Altamonte Springs, FL 32701			_
	nddress (if different): 8451 Gate Pa	arkway W., Unit 143, Jacksonville, FL 32216			
		Document number: P1700007	·20		
5. The name and Florida Depa	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file wiresigned)	th the		_
	United States Corporation Agents.	Inc			
	5575 S Semoran Blvd, Suite 36				
	Orlando, FL 32822		SEG.	2020	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered offi	ATANTA ATANTA	2020 JUN - I	
	Beverly Marcano		77 (5)	PH	i
	8451 Gate Pkwy W., 143		욢	1: 2	
	Jacksonville, FL 32216	PO Box NOT acceptable	Þ	&	
	Jacksonvine, PL 32216				
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registe	ered age	nt.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an coen notified in writing of the change.	officer s	80	
Parente	mancano	3/28/2020			
~	e of an officer or director	Printed or typed name and title	-		-
of my duties, an document is bei		tent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered to in the registered office address. I hereby hange.	plete pe agent. v confir	rforma Or, if t m thát t	ace his he
Polyenty	inarcano	3/28/2020			
	ature of Registered Agent	Date			-
lf signing on bel	nalf of an entity:				
Develop 1	mariano				
	ped or Printed Name	-			

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