P19000033/03

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SECRETARY OF STATE
TALL A HASSEF, FL

C Kinsey

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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: SIKAFRY & Bogran Group, Inc. Name of Corporation							
DOCUMENT NUMBER: P190000 33 103							
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:							
Patricia Sikaffy Name of Contact Person							
Sikaffy & Bogran Group, Inc.							
150 SE 6 ave. #47 Address							
Homestead, fl 33030 City/State and Zip Code							
City/State and Zip Code							
patriciamsikaffy@hotmail.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Patricia Sikaffy at (786) 7164978 Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
N. 92 A. J. J							

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

statement of change	e is submitted for	a corporation org	ganized under t	, or 617.1508, Floria he laws of the State o or both, in the State o	of florda
1. The name of the	corporation:	sikaffy =	Bogran	Group, Inc Homestead	
2. The principal off	ice address: 15	50 SE 6 a	ve. #47	Homestead	? \$1 33030
3. The mailing addr	ess (if different):				
4. Date of incorpora	ation/qualificatio	n: 4/12/201	9 Docu	nent number: P1	10000 33103
		e current registere esigned, enter resig	-	istered office on file	with the
	Mar	co Polo B	ogvan		2014 SE
	150 SE	e v ave. =	# 47		
	Home	estead, f	L 33030		-3 P
6. The name and str (if changed):		e new registered a		d) and /or registered	(m) : 3K (mag)
		6 ave. #			– CANCELLED
	Home	P.O. Box N Stead, f	OT acceptable 1 33030	DUE TO	RETURNED CHECK
The street address as changed will be	of its registered (identical.	office and the stre	et address of the	ne business office of	its registered agent.
Such change was a authorized by the b	uthorized by resonant, or the corr	olution duly adopt	ted by its board notified in wri	d of directors or by a ling of the change.	ın officer so
Patei	ia Sika			ia m sikaff	Y / VICEPRESIDENT
•	an officer or director appointment as omply with the p duties, and I am ocument is being t the corporation	registered agent a provisions of all st familiar with and i filed merely to re i has been notified	and agree to a atutes relative I accept the ob eflect a change I in writing of	Printed or typed name and ct in this capacity, to the proper and caligation of my position the registered of this change.	
-11				6/24/19	
Signard Signar	Registered Agent			Pate	

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