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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Phone: (614)280-3338
Fax Number: (954)208-0845

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REGISTERED AGENT CHANGE BIZMART, INC.

INTERPRETATION OF THE STATE OF

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	ange is submitted for a c	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of DF. Led office or registered agent, or both, in the State of Florida.
	the corporation: BizMar	
2. The principal	office address: 6600 No	orth Military Trail, Boca Raton, FL 33496
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification:	1/10/1992 Document number: P37093
	d street address of the continuent of State:(If resignation	urrent registered agent and registered office on file with the gned, enter resigned)
	CorporateCreationsNe	twork,Inc.
	11380 Prosperity Farms	s, Road #221E, Palm Beach Gardens, FL 33410
6. The name and (if changed):		ew registered agent (if changed) and /or registered office
	CTCorporationSystem	·
	c/oCTCorporationSys	stem, 1200SouthPineIslandRoad
		P.O. Box NOT acceptable
	Plantation, Florida 3332	4
The street address changed will	ess of its registered offi I be identical.	ice and the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolu he board, or the corpor	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Prince	the side	JessicaEiseleVicePresident
I herdby accept I filether agree performance of agent. Or, if th	to comply with the pro I my duties, and I am fa nis document is being fi	Printed on typed name and utile gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.
By: 7//	rporationSystem	6/5/2019
W JAR	ghature of Negistered Agent	Alfred Younan
lf signing on bo	chalf of an entity:	Assistant Secretary
<u></u>	Typed or Printed Name	
	*	* * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR2E045 (03/12)