P96000004165

(Address)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Fairette SEP 211 2010

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJECT:		BW Treasure Inc					
		Name of Corporati	ion -				
DOCU	JMENT NUMBER:	P9600000)4165				
The er	nclosed Statement of Change o	f Registered Office/Agent	and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
Allison Dunlop							
Allison Dunlop Name of Contact Person							
BW Treasure Inc.							
Firm/Company							
	5099 Highway A1A						
Address							
Vero Beach, FL 32963							
City/State and Zip Code							
allisondun@aol.com							
	E-mail address:		nnual report notification)				
For fu	rther information concerning th	nis matter, please call:					
	Allison Dunlop	at (561) 243-7912				
	Name of Contact Pers	son A	Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made pay	vable to the Department of	f State.				
	Mailing Add Amendmen	<u>lress:</u> t Section	Street Address: Amendment Section				
		Corporations	Division of Corporations				
	P.O. Box 6	•	Clifton Building				
		e, FL 32314	2661 Executive Center Circle				
			Tallahassee, FL 32301				

, TO:

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

statement of cha	nge is submitted for a cor	poration organize	607.1508, or 617.1508, Flo d under the laws of the State d agent, or both, in the State	_{e of _} Florida			
	he corporation: BW Tr		uito 200				
2. The principal	office address: 5099 Hi	each, FL 3296	2				
3. The mailing a							
4. Date of incorp	oration/qualification:	1/12/1996	Document number:	P96000004165			
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)							
	CT Corporation Sys	stem					
	1200 S. Pine Island	Road		= = = = = = = = = = = = = = = = = = =			
	Plantation, FL 3333	24		TO THE			
6. The name and (if changed):		registered agent (if changed) and /or registere	ed office			
	Patricia Werhahn						
5099 Highway A1A, Suite 300 P.O. Box NOT acceptable							
	Vero Beach, FL 329	963					
The street addre	ss of its registered office be identical.	e and the street ad	dress of the business office	e of its registered agent,			
Such change was authorized by the Signal Sig	is authorized by resolution board, or the corporation	on duly adopted bion has been notif	y its board of directors or lied in writing of the chang Patricia Werhah Printed or typed name	in, Secretary			
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as reging the comply with the provised I am familiar with analog filed merely to reflect been notified in writing	stered agent and a sions of all statute l accept the obliga t a change in the i of this change.	agree to act in this capacit es relative to the proper an ation of my position as regi registered office address, I	,,			
	half of an entity:						

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