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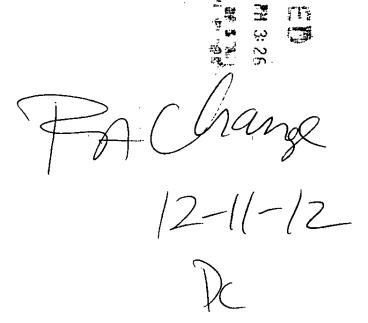
(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

	dment Section on of Corporations		
SUBJECT:_	BIZA COVP. Name of C	Corporation	
DOCUMENT	NUMBER: P960000 1290	79	
The enclosed S	Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return a	all correspondence concerning this matt	er to the following:	
	Stuart M. Gold, Name of Co	Esq. ontact Person	
	Sax, Willinger &	Gold	
	Firm/C	ompany	
	5801 NW 151 Stre	et, Suite 307	
	Ad	dress	
	Miami Lakes, FL 33014		
	City/State a	ind Zip Code	
	E-mail address: (to be used for	future annual report notification)	
For further inf	formation concerning this matter, please	call:	
Stuar	t M. Gôld, Esq.	at (305)591-1040 Ext. 204	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a S	\$35.00 check made payable to the Depa	rtment of State.	
	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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of Florida.	
1. The name of the corporation: BIZA, COVP.	
2. The principal office address: 720 S. FECERAL HWY.	
Hallandalt, FL 33009	
3. The mailing address (if different): P.O. BOX 1407	
Hallandale, FL 33008	
4. Date of incorporation/qualification: 02/19/1996 Document number: P960001299	79
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)	
Stuart Gold, 159	
6625 Miami Lakes Dr. Suite 217	
Miami Lakes, FL 33014	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Stuart Gold, Esa.	
5801 NW 151 STYCCT Suite 307	
Miami Lakes FL 33014	
The street address of its registered office and the street address of the business office of its registered agen as changed will be identical.	•••
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
My Musich Printed or typed name and title Printed or typed name and title	5
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
12/3/12	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Stran Gom	
Typed or Printed Name	

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