## P97000028756

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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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	cument Number)	
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

## 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 Flonda
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bin Co-
2. The principal office address: 5030 Champion Blvd Site 6+3
Bocalahon FL 33496
3. The mailing address (if different):
4. Date of incorporation/qualification: 1997 Document number: P970002875%
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Frances Pape 11
21747 Westmont Ct Ex 3
Boca Raton PL 33426 ARE ASSA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Marita Bell Res 28
5030 Champion Blvd Sute 613 P
Boca Raton PL 33496
The street address of its registered office and the street address of the business office of its registered agent, 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.
(Signature of an office of Brin Co. (Printed or typed name and title)
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 im familiar with and accept the obligation of my position as registered agent. Or, if this document is being fled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been natified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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, FL 32314

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