Requestor's Name

BAYLA	7ND	CORP.
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Office Use Only

(if known):

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☐ Walk in	☐ Pick up time	Certified Copy	اسعا		
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NEW JUINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

į.	AMENDMENTS
11.00	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
 Other

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, 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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: BAYCAND CORD
2. The mailing address of the corporation is: 8750 Gladio Cus OR #182
FT myers F1 33908
3. Date of incorporation/qualification: Document number: <u>P980000730</u> 4. The name and address of the current registered agent and office:
5. The name and address of the new recistored asset and a Co. (D. O. D
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
FRANCESCO TRÍO
8750 Gladiolus DR #152
FRANCESCO TRÍO 8750 Gladiolus DR #182 PM FT myers Fla. 3398 PM
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.
trans &
(Signature of an officer, chairman or vice chairman of the board) (Date)
FRANCSCA TRIO PRES. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

CR2E045(1/95)