P9900008440

Jennifer Lamorand
19115 Cherry Rose Circle
Lutz FL 33549

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		-06/13 <u>/</u> 0101081019
(Corporation Name)	(Document #)	******35.80 *****35.00
2		× 1.5
(Corporation Name)	(Document #)	TAL
3. (Corporation Name)	(Document #)	LAHA FI
(Corporation Name)	(Document #)	13 PM ASSEE,
4. (Corporation Name)	(Document #)	<u> </u>
☐ Walk in ☐ Pick up time _	_	Certified Copy
Mail out Will wait		Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	ficar/Director
Not for Profit Limited Liability	Resignation of R.A., Of Change of Registered A	gent
Domestication Other	Dissolution/WithdrawalMerger	
OTHER FILINGS	REGISTRATION/QUALI	FICATION
Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	☐ Trademark☐ Other	
	- Offici	

CR2E031(7/97)

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Examiner's Initials

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

und stat	suant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the lersigned corporation organized under the laws of the Sate of <u>Florida</u> submits the following tement in order to change its registered office or registered agent, or both, in the Sate of the rida.
	The name of the corporation: B.K. Winkler, Inc.
2.	The mailing address of the corporation: 18226 Clear Lake Drive Lutz, FL 33549
۷.	The maning address of the corporation
3. 4.	Date of incorporation/qualification: <u>January 25, 1999</u> Document number: <u>P99000008440</u> The name and address of the current registered agent and office:
	Walter Sanders
	13910 North Dale Mabry Hwy, Ste One
	Tampa, FL 33618
5.	The name and address of the new registered agent (if changed) and/or registered office (if changed):
	Beth Kaufman
	18226 Clear Lake Dr.
	Lutz, FL 33549
	Lutz, I L 33347
Th reg	e street address of its registered office and the street address of the business office of its istered agent, as changed, will be identical.
	ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board.
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	15 to Kont 6/10/0/
	(Signature of an officer, chairman or vice chairman of the board) (Date)
	OUNCE - Director (Printed or typed name and title)
	(Printed or typed name and title)
co. I fi pe	rving been named as registered agent and to accept service of process for the above stated reporation, I hereby accept the appointment as registered agent and agree to act in this capacity. In the provisions of all statutes relative to the proper and complete reformance of my duties, and I am familiar with and accept the obligation of my position as
re	gistered agent.
	/ Sta Konfr (Date)
	(Signature of Registered Agent)
If:	signing on behalf of an entity:

(Typed or Printed Name)

FILING FEE: \$35.00

DIVISION OF CORPORATION P.O. BOX 6327

TALLAHASSE, FL 32314