I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK DANIELS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P08000085133

Entity Name: BCOCAS, INC.

Current Principal Place of Business:

10458 WEST MCNAB ROAD SUITE D3 TAMARAC, FL 33321

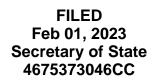
Current Mailing Address:

P.O. BOX 16988 PLANTATION, FL 33318

FEI Number: 26-3366590

Name and Address of Current Registered Agent:

DANIELS, PATRICK 10458 WEST MCNAB ROAD SUITE D3 TAMARAC, FL 33321 US



Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: PATRICK DANIELS			02/01/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	ANDREWS, JOSEPH	Name	GREENE, MICHAEL	
Address	P.O. BOX 16988	Address	P.O. BOX 16988	
City-State-Zip:	PLANTATION FL 33318	City-State-Zip:	PLANTATION FL 33318	
Title	DIRECTOR			
Name	DANIELS, PATRICK			
Address	P.O. BOX 16988			
City-State-Zip:	PLANTATION FL 33318			

DIRECTOR

02/01/2023

Date