

**F14000003163**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : SMITH, GAMBRELL & RUSSELL LLP  
Account Number : 120020000143  
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**REGISTERED AGENT CHANGE  
BECOVIC MANAGEMENT GROUP OF INDIANA INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Becovic Management Group of Indiana, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F1400003163

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Kathy M. Hennessey  
Name of Contact Person  
Smith, Gambrell & Russell, LLP  
Firm/Company  
50 N. Laura Street, Suite 2600  
Address  
Jacksonville, Florida 32202  
City/State and Zip Code  
jporter@sgrlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy M. Hennessey at ( 904 ) 598-6134  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Becovic Management Group of Indiana Inc.
- 2. The principal office address: 12000 Exit 5 Parkway  
Fishers, Indiana 46307
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: July 28, 2014 Document number: F14000003163
- 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)

Muhammed Becovic  
7050 Firehouse Road  
Longboat, Florida 34228

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 STATE DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James B. Porter  
50 N. Laura Street, Suite 2600  
P.O. Box NOT acceptable  
Jacksonville, Florida 32202

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.

*Muhammed Becovic*  
 Signature of an officer or director

Muhammed Becovic, President  
 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 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.*

*[Signature]*  
 Signature of Registered Agent

5/12/20  
 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