

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **THE BEARS OF SOUTH FLORIDA, INC**

Name of Corporation

DOCUMENT NUMBER: **N02000008589**

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:

TONY CRUMP

Name of Contact Person

THE BEARS OF SOUTH FLORIDA INC

Firm/Company

81 NW 45TH CT

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

BOSFL@BOSFL.ORG

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

For further information concerning this matter, please call:

TONY CRUMP

Name of Contact Person

at (**954**) **934-3718**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

- 1. The name of the corporation: THE BEARS OF SOUTH FLORIDA INC
2. The principal office address: 81 NW 45TH CT OAKLAND PARK FL 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/04/2002 Document number: N02000008589
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)

CRUMP, TONY V
124 NE 19TH CT APT B103
WILTON MANORS FL 33305

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

CRUMP, TONY C
81 NW 45TH CT
OAKLAND PARK FL 33309

P.O. Box NOT acceptable

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 officer or director

TREASURER Tony C. Crump
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 of Registered Agent

10/27/2017
Date

If signing on behalf of an entity:

TONY C CRUMP
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

FILED
2011 NOV -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA