

PO2000009270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

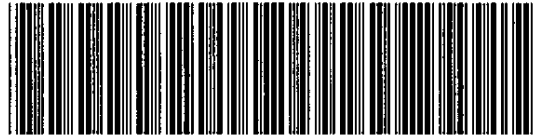
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000075943100

06/07/06--01013--009 **35.00

FILED
06 JUN -7 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

by RA
shane

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: Bonnors S, Inc.
2. The principal office address: 1 Lake Placid Lane
Palm Coast, FL 32137
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/22/02 Document number: PO2 00000 9270
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lisa M. Leon
Leon Law Office, P.A.
5095, US1 South, St. Augustine, FL 32086

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

Debra Siano
119 Birchwood Drive
(P.O. Box NOT acceptable)
Palm Coast, FL 32137

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN - 7 PM 12: 31

FILED

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)

(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.

Debra Siano
(Signature of Registered Agent)

5/19/06
(Date)

If signing on behalf of an entity:

DEBRA SIANO
(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