

P140000001114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

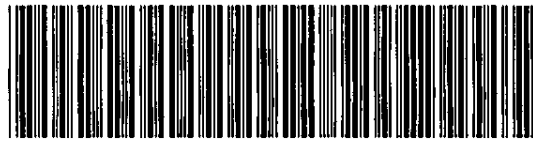
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA address
Change

10/06/14--01035--025 **35.00

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2014 OCT -6 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/14/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: change of address of registered office / agent
Name of Corporation

DOCUMENT NUMBER: P14000001114

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:

Lynne Lovinger
Name of Contact Person
Bloomsbury & Sloane Inc
Firm/Company
3009 W Barcelona Street, Suite #C
Address
Tampa, FL 33629
City/State and Zip Code
lynne@bloomsburyandsloane.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Stetsky at (813) 258.8909
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
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: Bloomsbury & Sloane Inc.

2. The principal office address: 3009 W Barcelona Street, Suite #C, Tampa, FL 33629

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/06/2014 Document number: P14000001114

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)

Lynne Lovinger

4201 W Beach Park Drive

Tampa, FL 33609

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

Lynne Lovinger

3009 W Barcelona Street, Suite #C

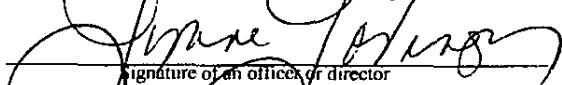
P.O. Box NOT acceptable

Tampa, FL 33629

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TALLAHASSEE, FLORIDA

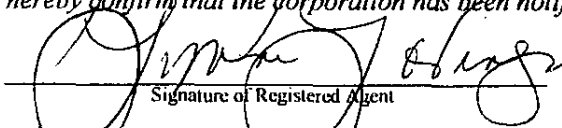
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Lynne Lovinger, 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 of Registered Agent

10/03/2014
Date

If signing on behalf of an entity:
LYNNE LOVINGER
Typed or Printed Name

*** FILING FEE: \$35.00 ***