

726417

(Requestor's Name)

4 BRITTONS OF BARDMOOR, INC.
8316 BARDMOOR BLVD. #B
LARGO, FL 33777

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

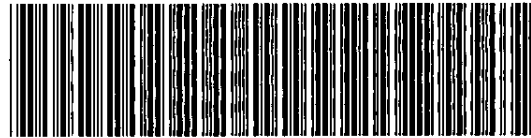
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200213344772

10/27/11--01004--011 **35.00

PA to ch

FILED
11 NOV -9 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2011

4 BRITTONS OF BARDMOOR, INC.
8316 BARDMOOR BLVD #B
LARGO, FL 33777

SUBJECT: 4 BRITTONS OF BARDMOOR, INC.
Ref. Number: 726417

We have received your document for 4 BRITTONS OF BARDMOOR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00024555

RECEIVED

11 NOV -9 AM 8:21

RECEIVED
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: 4 BRITTONS OF BARDMOOR, INC.
2. The principal office address: 8316 BARDMOOR BLVD. #B
LARGO, FL 33777
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/16/1973 Document number: 726417
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)

RESIGNED

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

Joe A. Nelson
8316 Bardmoor Blvd Apt A

P.O. Box NOT acceptable

Largo, FL 33777

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.

Joe A. Nelson

Signature of an officer or director

Joe A. Nelson 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.

Joe A. Nelson

Signature of Registered Agent

10/31/11

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
CR2E045 (8/05)

FILED
11 NOV -9 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA