## 488511

•
(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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DECRETARY OF STATE

## **COVER LETTER**

SUBJECT: BMB Groves, Inc. (Name of Corporation)	on) +
DOCUMENT NUMBER: 488511	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
William N. Barnes (Name of Contact Pe	s, Esq.
(	
Barnes Compani (Firm/Company)	es, Inc.
(Firm/Company)	)
3028 Sherwood (Address)	Road
,	
Orlando, Florida (City/State and Zip C	32803
` •	ode)
For further information concerning this matter, please call:	
Bill Barnes at (	407 ) 761-0941 Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## 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: BMB Groves. Inc.	
2. The principal office address: 3028 Sherwood Road, Orlando, FL 32803	_
3. The mailing address (if different): 1535 29th Avenue, Vero Beach, FL 32960	_
	_
4. Date of incorporation/qualification: 10/24/75 Document number: 488511	_
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)	
Nelson, Carol B.	
2250 6th Street	
Vero Beach, FL 32962	,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Barnes, William N. STA 3	
3028 Sherwood Road	
(P.O. Box NOT acceptable)	
Orlando, FL 32803	
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 office of director)  (Signature of an office of director)  (Printed or typed name and title)	4
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) (0.14-08 (Date)	
If signing on behalf of an entity:	
alkfjsaldkfj (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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