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(((H160001640343)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number

: (850)878-5368

**Enter	the	email	address	for	this	busines	5 S	entity	to	be	used	for	future
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Emm	÷	3	Address:

REGISTERED AGENT CHANGE BELLEMEAD DEVELOPMENT CORPORATION

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations				
BEI,LEMEAD DEVELOPMENT CORPOR	RATION			
Name of	f Corporation			
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
MADELYN BALLESTEROS				
Name of C	Contact Person			
СНИВВ				
Firm/	Company			
15 MOUNTAIN VIEW ROAD				
A	ddress			
WARREN, NEW JERSEY 07059				
City/State	and Zip Code			
MBALLESTEROS@CHUBB.COM				
E-mail address: (to be used for	r future annual report notification)			
For further information concerning this matter, pleas	se call:			
MADELYN BALLESTEROS	908 903-4826 at ()			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Dep	partment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314	Tallahassee, FL 32301			

CP.2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0 nange is submitted for a corporation org		
tn ord	lange is submitted for a corporation org ler to change its registered office or reg	gamzed under the taws of the State zistered agent, or both, in the State	of Florida.
1. The name of	f the corporation: BELLEMEAD DEVEL	OPMENT CORPORATION	
2. The princips	al office address: C/O MADELYN BALL	ESTEROS,	
	AIN VIEW ROAD, WARREN, NJ 07059		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 6/20/1927	Document number: 8031	17
	nd street address of the current registere artment of State: (If resigned, enter resigned,		e with the
	CORPORATION SERVICE COMPAN	IY -	
	1201 HAYS STREET, STE 105		
	TALLAHASSEE, FL 32301-2525		
6. The name ar (if changed):	nd street address of the new registered a	gent (if changed) and /or registered	i office
	C T Corporation System		
•	⊌ರ C T Corporation System, 1200 Sout	h Pine Island Road	
	P.O. Box N	NOT acceptable	
	Plantation, Florida 33324	_	
	ress of its registered office and the stre Il be identical.		
Such change wanthorized by	vas authorized by resolution duly adopted board, or the corporation has been		
121	M 12	BRANDON M. PEENE, SECRU	ETARY
I hereby accept further agree performance of agent. Or, if it hereby confirm	t the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with an is document is being filed merely to reach the corporation has been notified appointment of Registered Agent WickiAnn Owners of the control of the control of the corporation of the c	and agree to act in this capacity, tatutes relative to the proper and a decept the obligation of my post effect a change in the registered of in writing of this change. Date	
 ,	Typ-d or Printed Name		
	* * * FILING 1	FFF- 635 08 * * *	電影 5

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)