

F05000003705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

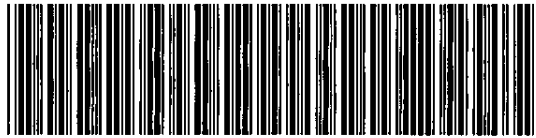
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/19/07--01017--009 **10.00

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07 NOV 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2007

WELLS P. HARDESTY
BRIDLEWOOD ASSOCIATES, INC.
51 GREY WING POINT
NAPLES, FL 34113

SUBJECT: BRIDLEWOOD ASSOCIATES, INC.
Ref. Number: F05000003705

We have received your document for BRIDLEWOOD ASSOCIATES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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: 907A00061892

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridlewood Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F05000003705

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:

Joseph D. Ament
(Name of Contact Person)

Much Shelist Denenberg Ament & Rubenstein, P.C.
(Firm/Company)

191 N. Wacker Drive, -1800
(Address)

Chicago, Illinois 60606
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph D. Ament at (312) 521-2401
(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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bridlewood Associates, Inc.

2. The principal office address: 51 Grey Wing Point
Naples, Florida 34113

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 24, 2005 Document number: F05000003705

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, Florida 33331

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

Wells P. Hardesty

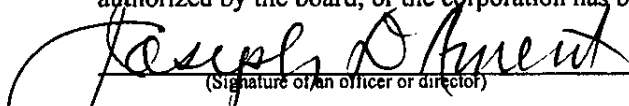
51 Grey Wing Point

(P.O. Box NOT acceptable)

Naples, Florida 34113

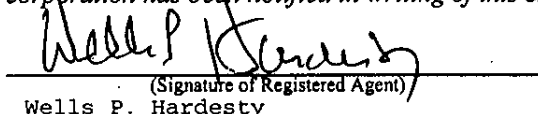
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Joseph D. Ament, Secretary
(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)

Wells P. Hardesty

11-13-07
(Date)

If signing on behalf of an entity:

WELLS P. HARDESTY
(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

FILED
NOV 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA