6760	1123
(Requestor's Name) (Address) (Address)	100317404821
(City/State/Zip/Phone #)	1 î <b>?</b>
Certified Copies Certificates of Status	FILED SECRE MARY OF JAVE WILLAHASSET FLURIDA
Office Use Only	AUG 2 4 2010 I ALBRITTON

# COVER LETTER

Amendment Section TO: **Division of Corporations** 

### REGISTERED AGENT NAME CHANGE SUBJECT:

Name of Corporation

## BON'S BARRICADES, INC **DOCUMENT NUMBER:**

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:

# JACK PORTLOCK Name of Contact Person BON'S BARRICADES, INC. Firm/Company 1913 NW 40TH COURT Address POMPANO BEACH, FL 33064 City/State and Zip Code JPORTLOCK@BONSBARRICADES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK PORTLOCK

Name of Contact Person

at (<u>954</u>)<u>968 1261</u> 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

CR2E045 (03/12)

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

1. The name of the corporation: BON'S BARRICADES, INC.

2. The principal office address: 1913 NW 40TH COURT POMPANO BEACH, FL 33064

3. The mailing address (if different):\_

- 4. Date of incorporation/qualification: 09/30/1983 Document number: G69123
- 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)

TAMA-ANN LARA

1913 NW 40TH COURT

POMPANO BEACH, FL 33064

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

-	JACK PORTLO	СК		IL I AU	TI
	1913 NW 40TH	COURT		623	Γ
	, <u></u> , <u></u>	P.O. Box_NOT acceptable			
	POMPANO BE	ACH, FL 33064			- D
The street ac as changed v	ddress of its registered off will be identical.	ice and the street address of the busines	ss office of its	s registered ag	
a					

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.

1 Alexandree and the second se
Signature of ar other or director

# TAMA-ANN LARA

Printed or typed name and title

ප

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.

enable of Registered Agent

5/	4/	2	n	1	8	
UI	-+/	~	υ		0	

Date

If signing on behalf of an entity:

JACK	PORT	Ľ	

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE