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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

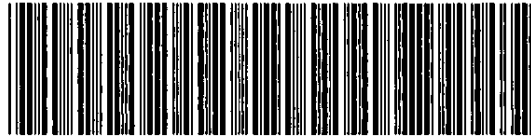
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 MAY 23 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 24 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **BACOLET-BOB, LLC**  
Name of limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Shanghai

\_\_\_\_\_  
Name of Person

BACOLET-BOB, LLC

\_\_\_\_\_  
Firm/Company

P O Box 264

\_\_\_\_\_  
Address

Lowell, MI 49331

\_\_\_\_\_  
City/State and Zip Code

rcshanghai@earthlink.net

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

For further information concerning this matter, please call:

Robert Shanghai

at

616 340-9976

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

**I** \$25 Filing Fee

**D** \$55 Filing Fee & Certified Copy

12 MAY 23 AM 11:15  
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BACOLET-BOB, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: MUST BE STREET ADDRESS)

3233 Bewell Ave  
Lowell, MI 49331 OS

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: MAY BE POST OFFICE BOX)

P O Box 264  
Lowell, MI 49331 OS

06/03/2008

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Shanghai, Robert C

Registered Office Address:

2745 Enterprise Road  
Clearwater, FL 33759

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee

12 MAY 23 AM 1:15  
TALLAHASSEE, FLORIDA  
FL33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ROBERT SHANGHAI, MANAGER.  
Printed or typed name of signer

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, regulations and the proper and complete performance of my duties, and I have with and accept the obligations of my position as provided for in the articles of organization, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] on behalf of InCorp Services, Inc.  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00