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SECRETANY OF STATE

D. BRUCE JAN 05 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

CARMEN H. BANNER 2911 S. CONGRESS AVE PALM SPRINGS, FL 33461

SUBJECT: CAIN BAIL BONDS, LLC

Ref. Number: L10000056388

We have received your document for CAIN BAIL BONDS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00026

TITO

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cain Bai Bonds /nc. 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: Carmen H. Banner Name of Person Remark Bonds Firm/Company 2911 S. Concress Ave Address Palm Springs FL 3346/ City/State and Zip Code Carmen Cain bail a 9 mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	2017 JAN -3 FJ 1: 1 L SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
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:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) (Note: 00 000 5 Document number 3. of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 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 of the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee 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 solving the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

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

notified in writing of this

Signature of Registered Agent