## USCCCG538Z

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
~	AFFORDABAIL BAIL BONI	OS LLC					
SUBJ	SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the following:					
<u>A</u>	Hameina Circina va Name of Person						
Afford	dabail Bail Bonds						
	Firm/Company						
120 \$	Simpson Rd., Suite A						
	Address		ed. ~2				
Kissimmee, FL 34744  City/State and Zip Code							
	City/State and Zip Code		AN T	FILE			
+alexanderepalmetroSorety. net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
For further information concerning this matter, please call:							
<u> </u>	Name of Person	at ( <u>843</u> ) <u>971 - 5441</u> Area Code & Daytime Telep	hone 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.

1. N	ame of the limited liability company:	3ail Bonds	LLC		
	120 Simpson Rd., Suite A	(b)	(b) 120 Simpson Rd., Suite A		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Kissimmee, FL 34744	<u>+</u>	Kissimmee, FL 34744		
	04/14/2015		15000065382		
3.	Date of filing/registration in Florida	— <sub>4.</sub> —	Document number		
5 (a)	Antameina D. Graham				
5. (a)	Registered Agent and Registered Office shown on the records of 120 Simpson Rd.	of the Florida De	ept. of State:		
	Registered Office Address  Suite A	"ADDRESS)			
	Kissimmee	34744			
(b)	CT Corporation System		TALLAHASSEE		
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office addre</u>	SE D D		
	1200 South Pine Island Road		FLORE F		
	NEW Registered Office Address:		REST.		
	Plantation	33324			
the cha agent v	imited liability company is not organized under the launge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the register liability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
<u></u>	man of the	Antam	neina Graham		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, l d in writing of this change.	ree to act in e performand ed for in Cha hereby conf	this capacity. I further agree to comply with the ze of my duties, and I am familiar with and accept spier 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
Signatu	Jennifer Quinn, Asst Secretary & VP				