## 12278/6

_	(Requestor's Name)
_	(Address)
_	(Address)
—	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
<del>-</del>	(Business Entity Name)
_	(Document Number)
Cer	l Copies Certificates of Status
SI	al Instructions to Filing Officer:
_	Office Use Only



200043121932

As Change

12/08/04--01019--013 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BAR CON ENTER PRISES, INC. (Name of corporation)
DOCUMENT NUMBER: L27816
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:
Victor Boynton
(Name of contact person)
Bar Con Enterprises, Inc.
(Firm/Company)
6014 SW 112 Pl. Rd.
(Address)
Ocala , Florida 34476
(City/state and zip code)
For further information concerning this matter, please call:
Victor Boynton at (352 ) 291-1233  (Name of contact person) (Area code & day time telephone number)
(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 P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

## 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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: Bar Con Enterprises, Inc.     The principal office address: 6014 SW 112th Pl. Rd. Ocala, Florida 34476
3. The mailing address (if different):
4. Date of incorporation/qualification: November 2, 1989 Document number: L27816
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Barry J. Cordingley
12894 SE 55th Ave. Rd.
Belleview, Fl. 34420
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Victor Boynton Control of the Contro
6014 SW 112th Pt. Rd.
(P.O. Box NOT acceptable)
Ocala, Fl. 34476
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.
Barry J. Cordingley , President (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) (Date)
If signing on behalf of an entity:
Victor Boynton

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