

N010000006151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

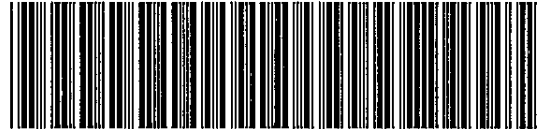
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RA
change

04/11/06--01002--009 **35.00

FILED

06 APR 10 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 APR 10 PM 2:55

DIVISION OF CORPORATION

AK10
4/11/06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Alliance of Budgeters

Signature

Requested by: *SW*

4/10

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

✓ Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE ALLIANCE OF BRIDGELESS ISLANDS OF LEE COUNTY, FLORIDA, INC.

2. The mailing address of the corporation: C/O USEPPA INN AND BOKEELIA, FL 33922

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

CAPITAL CONNECTION
P.O. BOX 10349 - 417 E. VIRGINIA ST # 1
TALLAHASSEE, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Capital Connection, Inc.
417 E. Virginia Street, Suite 1
Tallahassee, FL 3230

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.


(Signature of an officer, chairman or vice chairman of the board)

4/5/06
(Date)

VINCENT FORMOSA
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

4/10/06
(Date)

If signing on behalf of an entity:

Leilani White
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

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