

No 70000113/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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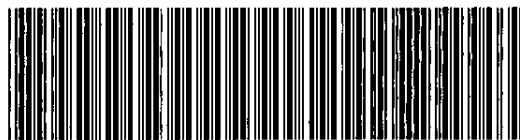
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA
Change
10/27/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bella's Angels, Inc.
Name of Corporation

DOCUMENT NUMBER: NO7000011313

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:

Christie Samperi
Name of Contact Person

Firm/Company

243 Poinciana Drive
Address

Jupiter FL 33458
City/State and Zip Code

treasurer@bellasangels.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Gonzalez at 561 723-8520
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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.

1. The name of the corporation: Bella's Angels Inc
2. The principal office address: 9207 150th Ct N
Jupiter FL 33478
3. The mailing address (if different): PO Box 1562
Jupiter FL 33468
4. Date of incorporation/qualification: _____ Document number: N 07000011313
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Network Inc
11380 Prosperity Farms Rd #221E
Palm Bch Gardens, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christie A Samperi
243 Poinciana Drive
P.O. Box NOT acceptable
Jupiter FL 33458

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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.

Jennifer M. Loyatz
Signature of an officer or director

Jennifer Gonzalez Vice 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.

Christie A Samperi
Signature of Registered Agent

10/24/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)