NO9000011250

(Re	equestor's Name)				
(Ad	idress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
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R.A. Charge C.COULLIETTE

DEC 13 2010

EXAMINER

COVER LETTER .

Division of	Corporations					
SUBJECT:	Pine View B	and, Inc.				
Name of Corporation						
DOCUMENT NU	MBER: N09	000011250				
The enclosed States	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Carol C. Bond					
•	Name of Co	ntact Person				
	Firm/Co	ompany				
	Timbo	, inputy				
	511 Velas	quez Drive				
	Add	ress				
	Osprey, I	FL 34229				
Osprey, FL 34229 City/State and Zip Code						
	carrianne@c	omcast.net				
-	E-mail address: (to be used for f	uture annual report notification)				
For further informa	tion concerning this matter, please	eall:				
	Carol Bond	044 000 7444				
Nan	Carol Bond ne of Contact Person	at (941) 966-7444 Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Depar	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314					
Enclosed is a \$33.0	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of Florida	
	the corporation: Pine \ office address: 1 Pytho				
3. The mailing a	address (if different): 51	1 Velasquez Dri	ve, Osprey, FL 34229	9	
4. Date of incor	poration/qualification:	11/19/2009	Document number:	N09000011	250
	d street address of the cur rtment of State: (If resign		t and registered office on f	ile with the	
	Corporation Service	e Company			
	1201 Hays Street				<i></i>
	Tallahassee, FL 32	2301			104 ISIA
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or registen	ed office	NO DEC 10 PM 1:
	Carol C. Bond				P
	511 Velasquez Dri	Ve P.O. Box NOT acc			DRAM
	Osprey, FL 34229	P.O. Box NOT acc	ерилоге		
The street address changed will	ess of its registered office be identical.	e and the street add	ress of the business offic	e of its registered	agent,
			its board of directors or ed in writing of the chang	by an officer so	
Signatu	re of an officer or director		Carol C. Printed or typed nam	Bond Pres	<u>ide</u> nt
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regito comply with the provided I am familiar with and fine filed merely to reflect to been notified in writing	istered agent and a isions of all statutes d accept the obligat t Thange in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y d complete perfor istered agent. Or, hereby confirm th	mance if this at the
Sig	nature of Registered Agent		December Date	5, 2010	
If signing on be	chalf of an entity:				
Т	yped 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)