## N16000 002 701

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(CN) State 2 pr Hens 1)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation
Name of Corporation
Nocument NUMBER: N16000002701

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:

Ryan J. Wrobel

Name of Contact Person

BIB Property Owners Association, Inc.

Firm/Company

4240 49th Street N

Address

St. Petersburg, Florida 33709

City/State and Zip Code

ryan@lawbelize.bz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan J. Wrobel

Name of Contact Person

at (646 ) 559-6757

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $\underline{F}$	lorida	this	_
	er to change its registered office or registered agent, or both, in the State of F	lorida.		
1. The name of	the corporation: BIB Property Owners Association, Inc.	<del></del>		
	office address: 611 S FORT HARRISON AVE, STE 232			
CLEAR	NATER, FL 33756			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: March 15, 2016 Document number: N1600	0002	701	
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	th the		
	ANN H. KAPLAN (Resigned)	Sin	19	
	5045 OXFORD DR.		- 43S	11
	SARASOTA, FL 34242		9 P	777
6. The name ar (if changed):	d street address of the new registered agent (if changed) and /or registered offi	SIAIC	PM 3: 4:	
	RYAN J. WROBEL	. ***		
	4240 49TH STREET N			
	P.O. Box NOT acceptable ST. PETERSBURG, FL 33709			
The street adde	ress of its registered office and the street address of the business office of its I be identical.	register	red age	ent,
Such change w	as authorized by resolution duly adopted by its board of directors or by an ohe board, or the corporation has been notified in writing of the change.			
	M. Ann M. Gegy ure of an officer or director  Printed or typed name and utle	J. P.	ig Sic	لمر _
I hereby accep I further agree performance o agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply made in the proper and comply duties, and I am familiar with and accept the obligation of my position his document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change.	olete as regis addres	stered s, I	
dip	martire of Registered Agent Cugust 7, 20,	19		_
If signing on b	ehalf of an entity:			
	Typed or Printed Name			

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