

N20170

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TR 3-28-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bahr's Mobile Homeowners Co-op Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N20170

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:

Christina Freer  
Name of Contact Person

Bahr's Mobile Homeowners Co-op Inc.  
Firm/Company

39444 Dancers Lane  
Address

Zephyrhills FL 33542  
City/State and Zip Code

bahrsmhp@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Freer at ( 813 ) 782-7201  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

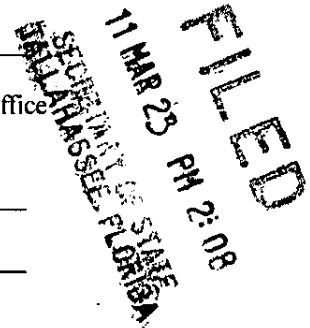
1. The name of the corporation: Bah's Mobile Homeowners Cooperative, Inc.  
2. The principal office address: 39444 Dancers Lane  
Zephyrhills FL 33542  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/1988 Document number: N20170  
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)

Dorothy K Lind  
39402 Fairlane Dr.  
Zephyrhills FL 33542

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

Murilla Molzahn  
39392 Dancers Lane  
P.O. Box NOT acceptable  
Zephyrhills FL 33542



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.

Christina Green  
Signature of an officer or director

CHRISTINA GREEN  
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.*

Murilla Molzahn  
Signature of Registered Agent

3/22/11  
Date

If signing on behalf of an entity:

Murilla Molzahn  
Typed or Printed Name

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