

1020596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Black Business Investment Fund of Central Florida
Name of Corporation

DOCUMENT NUMBER: N 20596

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:

Please
Update Mailing
address: To: ↓

Old Address
315 E. Robinson str, Ste. 660
Orlando, FL 32801

Inez Long
Name of Contact Person

BBIF
Firm/Company

301 E. Pine Street, Ste. 175
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Inez Long at (407) 649-4780
Name of Contact Person Area Code & Daytime Telephone Number

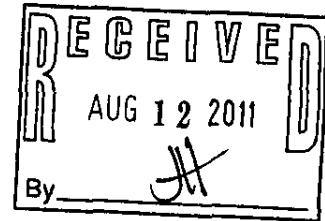
Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations



August 2, 2011

INEZ LONG
301 E PINE ST STE 175
ORLANDO, FL 32801

SUBJECT: BLACK BUSINESS INVESTMENT FUND OF CENTRAL FLORIDA,
INC.
Ref. Number: N20596

We have received your document for BLACK BUSINESS INVESTMENT FUND OF CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 711A00018171

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11 AUG 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Black Business Investment Fund of Central Florida
2. The principal office address: 301 E. Prie Street, Ste. 175
Orlando, FL 32801
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1987 Document number: N20596

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)

Akerman Sitterfit
255 S. Orange Avenue
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

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

R. Bright & Associates, P.A.
934 N. Magnolia Avenue, Ste. 320
Orlando, FL 32803
P.O. Box NOT acceptable

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.

[Signature] President
Signature of an officer or director

President, Inez Long
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.

[Signature]
Signature of Registered Agent

8/18/2011
Date

If signing on behalf of an entity:

Inez Long, President
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