

N960000001033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

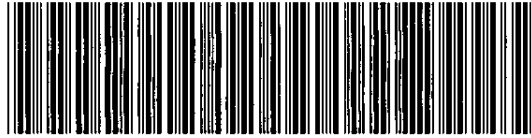
(Document Number)

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12/24/09--01006--007 **35.00

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2009 DEC 31 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2009

John Ahrenholz
Business Loan Fund of the Palm Beaches
2200 N. Florida Mango Rd, Ste 411
West Palm Beach, FL 33409

SUBJECT: BUSINESS LOAN FUND OF THE PALM BEACHES, INC.
Ref. Number: N96000001033

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 409A00039388

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUSINESS LOAN FUND AT THE PALM BEACHES, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

John Threnholz
Name of Contact Person

BUSINESS LOAN FUND AT THE PALM BEACHES, INC.
Firm/Company

2200 N Florida Mango Rd Ste # 401
Address

WEST PALM BEACH, FL 33409
City/State and Zip Code

WOLFF@BUSINESSLOANFUNDPC.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wolff Charles at (561) 978-2337
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED
2009 DEC 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BUSINESS LAM FUND AT THE PALM BEACHES, INC.
2. The principal office address: 2200 N. Florida Mango Rd Suite #401
WEST PALM BEACH, FL 33409.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/26/96 Document number: N96000001033

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)

Lawrence F. Ravenport, Jr.
(resigned)

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

John Ahrenholz

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]
Signature of an officer or director

JOHN AHRENHOLZ, ACTING EXECUTIVE DIRECTOR.
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 of Registered Agent

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)

FILED
2009 DEC 31 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Registered Agent