

N960000002594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200214135522

11/16/11--01016--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 AM 8:38

RA/RO/chs
10 11/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bimini One Hunting Association, INC
Name of Corporation

DOCUMENT NUMBER: N96000002594

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:

Karla Cutlip
Name of Contact Person

Bimini One Hunting Association
Firm/Company

265 Pine Tree La
Address

Bunnell, FL 32110
City/State and Zip Code

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

For further information concerning this matter, please call:

Karla Cutlip at (386) 237-8901
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

November 17, 2011

KARLA CUTLIP
BIMINI ONE HUNTING ASSOCIATION INC.
265 PINE TREE LA
BUNNELL, FL 32110

SUBJECT: BIMINI ONE HUNTING ASSOCIATION INC.
Ref. Number: N96000002594

We have received your document for BIMINI ONE HUNTING ASSOCIATION 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 current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the ~~registered~~ agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00026111

RECEIVED

11 NOV 28 PM 9: 20

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bimini One Hunting Association ~~205~~ INC
2. The principal office address: Russell Smith
106 CR 140 Bunnell, FL 32110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/9/96 Document number: N96000002594

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)

resigned Cindy Tinker
1804 Nelson Ave 14
Ormond Beach, FLA 32174

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

Karla Cutlip
265 Pine Tree La Bunnell, FL 32110
P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 AM 8:38

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.

Russell Smith
Signature of an officer or director

Russell Smith
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.

Karla Cutlip
Signature of Registered Agent

11/25/11
Date

If signing on behalf of an entity:

KARLA Cutlip
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)