

	ĮĮ)
(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



300305740393

11/21/17=-01004=-024 \*\*35.00

S TALLENT NOV 2 2 2017

R/A-cst



## **COVER LETTER**

Amendment Section TO: Division of Corporations

BP Accounting, P. A.

Name of Corporation

P0000004509

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:

Howard 🖺. Stross

Name of Contact Person

Stross Law Firm, P. A.

Firm/Company

1801 Pepper Tree Drive

Oldsmail FL 34677

City/State and Zip Code

Lshart54@yahoo.com

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

For further information concerning this matter, please call:

Howard C. Stross

Name of Contact Person

727 515-1187
Area Code & Daytime Telephone Number

V

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

Mailing Address:

Amendment Section Division of **C**orporations P.O. Box 6327

Tallahassee FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this corporation organized under the laws of the State of Florida
		red office or registered agent, or both, in the State of Florida.
1. The name of	the comoration. BP	Accounting, P. A.
2. The principal office address: 3390 N		Masters Drive, Clearwater, FL 33761-1824
3. The mailing address (if different):		
4. Date of incor	poration/qualification	01/06/2000 Document number: P0000004509
1919		current registered agent and registered office on file with the
	Barry Pauldick	(deceased; death certificate enclosed)
Clear  6. The name and street ac (if changed):  Linda  3390	3390 Masters	prive
	Clearwater, FL	33761
		new registered agent (if changed) and /or registered office.
	Linda Hart	SEE P
	3390 Masters E	Drive 55 CM
		P.O. Box NOT acceptable
	Clearwater, FL	33761-1824 
		ace and the street address of the business office of its registered agent.
Such change was authorized by resolu authorized by the board, or the corport		tion duly adopted by its board of directors or by an officer so attoon has been notified in writing of the change.
Auda Hart Signature of an officer or director		Linda Hart, Secretary/Treasurer
		Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as re to comply with the pro my duties, and I am fo is document is being f that the corporation I	Pistered agent and agree to act in this capacity. Spisions of all statutes relative to the proper and complete spisions of all statutes relative to the proper and complete spiritual with and accept the obligation of my position as registered spiritually to reflect a change in the registered office address, I spiritually to reflect a change of this change.
Kirola Haut Signature of Registered Agent		11 15 17 Date
Signature of Registered Agent		Date
If signing on be	half of an entity:	
not applicat		
Ty	pped or Printed Name	
	3	√1% * FH INC FFF, €35 ∩0 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)