

P00000020885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Certificates of Status

Special Instructions to Filing Officer:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	5
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DIVISION OF CORPORATIONS
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T. Roberts JAN 26 2009

The Law Office of
LAWRENCE M. BURRELL, JR., P.A.
Attorney and Counselor at Law

Lawrence M. Burrell, Jr.
General Civil Litigator
Certified Circuit Civil Mediator
No. 14299R

Paralegal
Pamela Burrell, R.N.

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Jupiter, Fla. 33478
(561) 747-5705
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Email: info@lmburrell.com
Website: www.lmburrell.com

January 16, 2009

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Re: Barrels of Fun, Inc.
Doc. No. P00000020885

Dear Amendment Section:

We are sending a cover letter, check 6950 in the amount of \$35.00 and a Statement of Change of Registered Agent.

If you have any questions, please do not hesitate to call at 561-747-5705 or 1-800-435-6103.

Yours very truly,

Lawrence M. Burrell, Jr.
LMB/prb
Attachments

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barrels of Fun, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000020885

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:

Lawrence M. Burrell, Jr.
(Name of Contact Person)

Lawrence M. Burrell, Jr., P.A.
(Firm/Company)

2880 SE Downwinds Rd.
(Address)

Jupiter, FL 33478
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence M. Burrell, Jr. at (561) 747-5705
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Barrels of Fun, Inc.
2. The principal office address: 3281 Monet drive, Palm Beach Gardens, Florida 33410
3. The mailing address (if different): _____
4. Date of incorporation/qualification: February 29, 2000 Document number: P00000020885
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)

Stuart J. Haft, Esq.
340 Royal Poinciana Way, Suite 321,
Palm Beach, Florida 33480

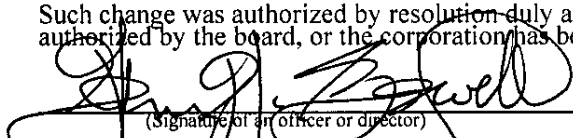
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 2:01

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

Lawrence M. Burrell, Jr.
2880 SE Downwinds Rd.
(P.O. Box NOT acceptable)
Jupiter, FL 33478

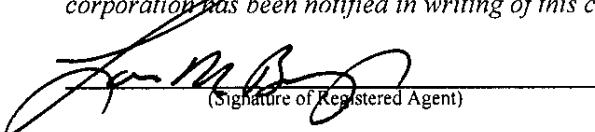
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

John J. Boswell - President
(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)

1-15-09
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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