

P00000100703

(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



500135053705

09/08/08--01024--014 **35.00

FILED
08 SEP - 8 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chang
SEP 12 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boval Enterprises Inc
(Name of Corporation)

DOCUMENT NUMBER: P00000100703

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:

Robert J Ieva
(Name of Contact Person)

Boval Enterprises Inc
(Firm/Company)

12912 93rd Ave N
(Address)

Seminole, Florida 33776
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J Ieva at (727) 398-1444 398-7447
(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
2001 Executive Center Circle
Tallahassee, FL 32301

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

I, in signing to the provisions of sections 007.0502, 017.0502, 007.1500, or 017.1500, 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: Boval Enterprises Inc
2. The principal office address: 12972 93rd Ave. N
Seminole, Florida 33776
3. The mailing address (if different): PO Box 3374
Seminole, Florida 33776
4. Date of incorporation/qualification: 10/25/2000 Document number: P00000100703
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Robert J. Ieva

93 Boca Ciega Pt. Blvd. N.

Madeira Beach, Florida 33708

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

Robert J. Ieva

12972 93rd Ave n

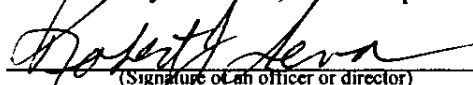
(P.O. Box NOT acceptable)

Seminole Florida 33776

FILED
08 SEP - 8 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Robert J Ieva

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)

Robert J Ieva

9/14/2008
(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