Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195
Phone : (850)521-1000

Fax Number : (850)558-1575

O7 AUG 16 PM 4: 15
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

REGISTERED AGENT CHANGE

BOP PROPERTIES, INC.

IVED	AM 8: 00	OF CORFORATION
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Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: BOP PROPERTIES, INC.	
2. The principal	148 West Decree Course 400 Decrees LT 20600	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 02/07/2001 Document number: P01000014271	
	d street address of the current registered agent and registered office on file with the turnent of State:	
	Roger Huffinan	
	125 West Romana Street, Suite 400	
	Pensacola, FL 32502	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	
	1201 Hays Street	n
	(P.O. Box NOT acceptable)	
	Tallahassee, FL. 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Jane (Signs	Allune of an officer of threefor) 7Homas B. Capter 924. (Printed or typed faints and title)	
I further agree to finy duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	•
By: //	Service Company (Date) Service Company (Date) Grantine of Registered Agent)	
If signing on bel	half of an entity:	
Michelle R. Vann	noy, Assistant Vice President	
(T	yped or Printed Name)	

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