

P01000095660

BOB WAGNER ASSOCIATES, INC.  
7549 IRONHORSE BLVD.  
WEST PALM BEACH, FLORIDA 33412

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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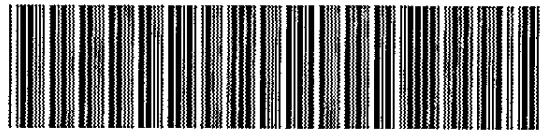
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: BOB WAGNER ASSOC. INC.
2. The principal office address: 7549 IRONHORSE BOULEVARD  
WEST PALM BEACH FL 33412
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: OCTOBER 2, 2001 Document number: P01000095660
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAL SERVICES, INC  
526 EAST PARK AVE  
TALLAHASSEE FL 32301

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

ROBERT WAGNER  
7549 IRONHORSE BLVD  
(P.O. Box or personal mailbox NOT acceptable)  
WEST PALM BEACH FL 33412

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]  
(Signature of an officer, chairman or vice chairman of the board)

ROBERT WAGNER, PRES  
(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]  
(Signature of Registered Agent)

X 10-1-02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA

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