

PO1000097648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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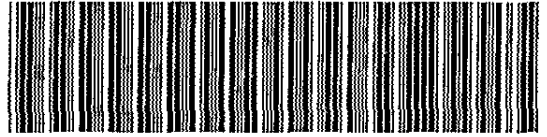
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN JAN - 8 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOMAC PIZZA INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000097648

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLEN L. BEVER
(Name of Person)

BOMAC PIZZA INC.
(Name of Firm/Company)

14991 CAPE FOREST TRAIL
(Address)

JACKSONVILLE, FLORIDA 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN L. BEVER at (904) 616-2085
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, to the State
of Florida.

1. The name of the corporation: BOHAC PIZZA INC.

2. The principal office address: 10763 PACER COURT
JACKSONVILLE, FLORIDA 32257

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/01/2001 Document number: PO1000097648

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

BOGARDUS, JOHN H.
10763 PACER COURT
JACKSONVILLE, FL. 32257

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

BEVER, ALLEN L.
14991 CAPE FOREST TRAIL
(P.O. Box or personal mailbox NOT acceptable)
JACKSONVILLE, FL. 32226

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)

JOHN H. BOGARDUS
(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)

12/4/2002
(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