## P03000057882

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800066473358

02/24/06-01065--007 \*\*35.00

06 FEB 24 AMII: 03

FEB 2L MILLION

gna

## **COVER LETTER**

Division of Corporations			
SUBJECT: BANG DISTRIBUTION CO., INC. (Name of Corporation)			
DOCUMENT NUMBER: P0300057882			
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:			
LEIF BANG (Name of Contact Person)			
(Firm/Company)			
1159D CALLE DEL NORTE (Address)			
CASSEL BERRY FL 32707 (City/State and Zip Code)			
For further information concerning this matter, please call:			
LEIF BANG at (407) 921 8727 (Name of Contact Person) (Area Code & Davtime Telephone Number)			
(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
1. The name of the corporation: BANG AISTRIBUTION COMPANY & IN
1. The name of the corporation: BANG AISTRIBUTION COMPANY, IN INC.  2. The principal office address: 1005 NODDING PENES WAY  CASSELBERRY, FL 32707
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/27/2003 Document number: PO 30005 788
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KENNEDY LOAN B
KENNEDY LOAN B 1031 W. MORSE BLUD SUFFE 350
WINTER PARK, FL 32789 # 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEIF BANG  1159D CALLE DEL NORTE
(P.O. Box NOT acceptable)  CASSEL BERRY, FL 32707
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.
2-20-06 (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 beingfiled 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)  (Date)
Signature of Registered Agent)  (Date)  If signing on behalf of an entity:
(Typed or Printed Name)

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