

P03000090589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

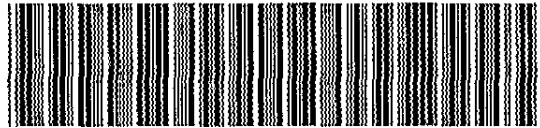
(Business Entity Name)

(Document Number)

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04 JUL 23 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*R.A. Chang*

G. Conallie JUL 28 2004



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: B + D PAINTING, INC.  
(Name of corporation)

DOCUMENT NUMBER: P03000090589

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:

Bruce Monigold  
(Name of contact person)

B + D PAINTING INC  
(Firm/Company)

8291 SYCAMORE DR  
(Address)

NEW PORT RICHEY FL 34654  
(City/state and zip code)

For further information concerning this matter, please call:

Bruce Monigold at (727) 843 8177  
(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  
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, in the State of Florida.

1. The name of the corporation: B + D PAINTING INC
2. The principal office address: 8291 SYCAMORE DR  
NEW PORT RICHEY, FL 34654
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8-19-03 Document number: PO3000090589
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CSC  
1201 HAYS ST  
TALLAHASSEE, FL 32301

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

Bruce Monigold  
8291 Sycamore Dr  
(P.O. Box NOT acceptable)  
NEW PORT RICHEY FL 34654

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TALLAHASSEE, FL 32301

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.

Bruce Monigold  
(Signature of an officer or director)

Bruce Monigold  
(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.

Bruce Monigold  
(Signature of Registered Agent)

7-19-07  
(Date)

If signing on behalf of an entity:

Bruce Monigold  
(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