P03000137953

(Red	questor's Name)	
(Ada	dress)	-
(Add	dress)	
(City	//State/Zip/Phone	<i>≑#</i>)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bouledoque, 1 NC. (Name of Corporation)
DOCUMENT NUMBER: P03000137953
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:
GreGory Walker (Name of Contact Person)
Bouledogue INC (Firm/Company)
369 Fairfield Brive (Address)
Sanford F1 32771 - 6829 (City/State and Zip Code)
For further information concerning this matter, please call:
Great Walks at (386) 837 3767 (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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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: Bouledogue INC.	
2. The principal office address: 2060 Lorene Lane Deltona Fl 32738	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/-21-03 Document number: P030001379	53
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
GreGory WAlker	
2060Lokent Lane	
Deltona Fl 32738	-Ti
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 369 Fair Cield Drive Santord F1-32771-6829 (P.O. Box NOT acceptable)	ונט
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.	
GreGory Valker Pot (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 the 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.	e is e
Great Collection 12-13-05 (Date)	
If signing on behalf of an entity:	
GreGoryWAlKen (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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