

PD3000149715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

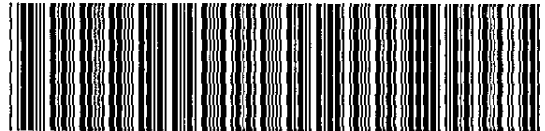
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bonifay Repair Services, Inc.  
(Name of corporation)

DOCUMENT NUMBER: PD3000149715

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:

Paul A. Bonifay  
(Name of contact person)

Bonifay Repair Services, Inc.  
(Firm/Company)

3275 Logan Street  
(Address)

Pensacola, Fl. 32503  
(City/state and zip code)

For further information concerning this matter, please call:

Paul A. Bonifay at (850) 341-3886  
(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

Irene

I sent in a Form + 35.00  
ON 9-8-2004.

But My Paper Work wasn't Right  
on something, So sending new  
Paper work.

Re F # 204 A 00053828  
I Talked to Pam Smith.

If any ? Call me At (850) 3413886

September 8, 2004

PAUL A. BONIFAY  
BONIFAY REPAIR SERVICES INC.  
3275 LOGAN DR.  
PENSACOLA, FL 32503

SUBJECT: BONIFAY REPAIR SERVICES INC.  
Ref. Number: P03000149715

We have received your document for BONIFAY REPAIR SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist  
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314  
Letter Number: 204A00053828

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS  
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST  
ENTER SELECTION AND CR:

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: Bonifay Repair Services, Inc.  
2. The principal office address: 3275 Logan Drive  
Pensacola, FL 32503  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 12-10-03 Document number: P03000149715

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

Corporation Services Company  
1201 Hays Street  
Tallahassee, FL 32301

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

Paul A. Bonifay  
3275 Logan Drive  
(P.O. Box NOT acceptable)  
Pensacola, FL 32503

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

✓ Paul A. Bonifay  
(Signature of an officer or director)

Paul A. Bonifay, President  
(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.

✓ Paul A. Bonifay  
(Signature of Registered Agent)

7-14-05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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