POY000018969

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

SUBJECT: BONNIE IN DESTIN, INC.
(Name of Corporation)
DOCUMENT NUMBER: P0400018969
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:
BONNIE S. KECK
(Name of Contact Person)
BONNIE IN DESTIN, INC
(Firm/Company)
· · · · · · · · · · · · · · · · · · ·
2941 PINE VALLEY DRIVE
(Address)
MIRAMAR BEACH, FL 32550
(City/State and Zip Code)
For further information concerning this matter, please call:
BONNIE S. KECK at (850) 269-1304
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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

CR2E045 (8/05)

FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: BONNIE IN DESITN, INC.
2. The principal	office address: 2941 PINE VALLEY DRIVE MIRAMAR BEACH FL 32550
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 1-27-04 Document number: P04000018969
	street address of the current registered agent and registered office on file with the tment of State:
	BONNIE S. KECK
	129 BLUEBELL CIRCLE S是 6 円
	SANTA ROSA BEACH, FL 32459
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	BONNIE S. KECK
	2941 PINE VALLEY DRIVE
	(P.O. Box NOT acceptable) MIRAMAR BEACH, FL 32550
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
TOW	BONNIE S. KECK, PRESIDENT (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of a lam familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
<u> 100</u>	menture of Registered Agent) (Date)
If signing on be	half of an entity:
BONNIE S. K	ECK yped 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
CR2E045 (8/05)