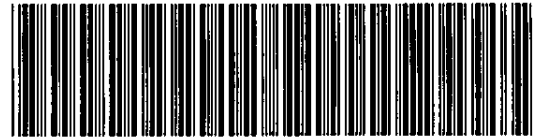


P050 000063709



400215637684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA/RD/chg
@ 1/26/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BOLENDER GROUP INC.
Name of Corporation

DOCUMENT NUMBER: POS000063709

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:

EARL E. BOLENDER, JR.
Name of Contact Person

THE BOLENDER GROUP INC.
Firm/Company

525 N. CITRUS GROVE BLVD. STE 1017
Address

POIK CITY, FL. 33868
City/State and Zip Code

RKBOLENDER@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARL E. BOLENDER JR at (863) 647-0686
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2012

EARL E. BOLENDER, JR.
THE BOLENDER GROUP, INC.
525 NORTH CITRUS GROVE BLVD - STE. 1017
POLK CITY, FL 33868

SUBJECT: THE BOLENDER GROUP, INC.
Ref. Number: P05000063709

We have received your document for THE BOLENDER GROUP, 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):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

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
Regulatory Specialist II

Letter Number: 612A00000273

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TALLAHASSEE, FLORIDA

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: THE BOLENDER GROUP, INC
- 2. The principal office address: 525 N. CITRUS GROVE BLVD STE 1017
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 4-29-2005 Document number: PD5000063709
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SPIEGEL + UTRERA, P.A.
1840 SW 22ND STREET 4TH FL.
MIAMI, FL 33145 US

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

EARL E. BOLENDER, JR
525 N. CITRUS GROVE BLVD. STE 1017
P.O. Box NOT acceptable
POIK CITY, FL. 33868

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DIVISION OF CORPORATIONS
12 JAN 26 AM 10:56

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.

Rhonda K. Bolender
Signature of an officer or director

RHONDA K. BOLENDER DPST
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.

Earl E. Bolender Jr
Signature of Registered Agent

12-30-2011
Date

If signing on behalf of an entity:
EARL E. BOLENDER, JR
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