

P D5000093558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

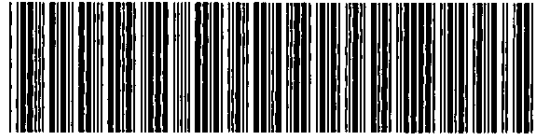
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TALLAHASSEE, FLORIDA

RA ON
6/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOB Financial Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000093558

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:

Joel J. Karp, Esq.
(Name of Contact Person)

Joel J. Karp, P.A.
(Firm/Company)

1001 Brickell Key Drive, Suite 3112
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel J. Karp, Esq. at (305) 445-3545
(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

May 30, 2008

JOEL J. KARP
1001 BRICKELL KEY DRIVE
SUITE 3112
MIAMI, FL 33131

SUBJECT: BOB FINANCIAL SERVICES, INC.
Ref. Number: P05000093558

We have received your document for BOB FINANCIAL 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):

Please print the name of the person who is signing on the directors behalf.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 608A00033966

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BOB Financial Services, Inc.
2. The principal office address: 1001 Brickell Bay Dr., Suite 3112
Miami, FL 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2005 Document number: P05000093558

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

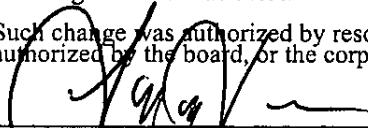
Key Registered Agents, Inc.
520 Brickell Key Drive, Suite O-303
Miami, FL 33131

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

Key Registered Agents, Inc.
1001 Brickell Bay Drive, Suite 3112
(P.O. Box NOT acceptable)
Miami, FL 33131

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.


(Signature of an officer or director)

DIRECTOR SAMUEL HAVEN
(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.


(Signature of Registered Agent)

5/22/08
(Date)

If signing on behalf of an entity:

Joel J. Karp
(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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA