

P05000 110957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

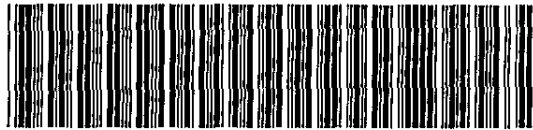
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bounce With Us, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000110957

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:

Donnell Dorsett  
(Name of Contact Person)

Bounce With Us, Inc.  
(Firm/Company)

600 Via Lugano Circle Apt. 211  
(Address)

Boynton Beach, FL. 33436  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donnell Dorsett at (561) 632-4569  
(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

February 17, 2006

DONNELL DORSETT  
BOUNCE WITH US, INC.  
600 VIA LUGANO CIRCLE, APT. 211  
BOYNTON BEACH, FL 33436

SUBJECT: BOUNCE WITH US, INC.  
Ref. Number: P05000110957

We have received your document for BOUNCE WITH US, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 806A00011513

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3 AM 8:00  
CONFIDENTIAL

**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: Bounce With Us, Inc.
2. The principal office address: 7887 142<sup>nd</sup> Avenue North  
West Palm Beach, FL. 33412
3. The mailing address (if different): P. O. Box 542763  
Lake Worth, Florida 33454
4. Date of incorporation/qualification: Aug 9, 2005 Document number: P05000110957
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
600 Via Lugano Circle Apt. 211  
Boynton Beach, FL. 33436

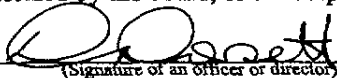
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

7887 140<sup>th</sup> Avenue North  
West Palm Beach, FL. 33412  
(P.O. Box NOT acceptable)

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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.

  
(Signature of an officer or director)

Donnell Dorsett 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.

  
(Signature of Registered Agent)

1-29-06  
(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  
CR2E045 (8/05)