## P05000119098

(R	equestor's Name)	•	
(A	ddress)		
(A	ddress)		
. (C	ity/State/Zip/Phon	e #)	
·		•	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	me)	
(6	4311033 Entity 144	ine)	
(0	ocument Number	)	
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:	:	
!			
:			
· · · · · · · · · · · · · · · · · · ·			

Office Use Only



900155597779

05/07/09--01038--017 \*\*175.00

lA lochy

09 HAY -7 AH 11: 05

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Blunker Positioning, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\(\int 05000 \)   19098
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:
John Stanton (Name of Contact Person)
Bunker Positioning, Inc.
P.O. Box 24567 (Address)
Tanpa FL33623 (Oity/State and Zip Code)
For further information concerning this matter, please call:  Sharton  (Name of Contact Person)  at (813) 631-4641  (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

## $\boldsymbol{\zeta}$ - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	- · ·	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of <u>Floric</u>	
		or organized under the laws of the State of <del>1 10110</del> or registered agent, or both, in the State of Florido	
1. The name of	of the corporation: Bunker	Rositioning, Inc. Ikenburg Rd., Tampa, F	L 33/0190
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification:	6/05 Document number: \$65000	119 098
	and street address of the current regi partment of State: (If resigned, enter	istered agent and registered office on file with the r resigned)	
	Chad S. Bowen		0,0
	400 N. Ashley Drive, Suit	e 2540	99 H
	Tampa, FL 33602		
6. The name a	——————————————————————————————————————	ered agent (if changed) and /or registered office	7 AH 11: 05
	John Stanton 6324 County Ra	1.579	<b>T</b> 10
	Seffner, FL 33	acceptable)	
The street ad as changed w	dress of its registered office and the	he street address of the business office of its reg	istered agent,
Such change authorized by	was authorized by resolution duly y the board, or the corporation has	y adopted by its board of directors or by an office sheen notified in writing of the change.	cer so
(S	mature of an officer or director)	John Stanton (Printed or typed name and tible)	Director
I hereby acco I further agree of my duties, document is corporation	ept the appointment as registered a ee to comply with the provisions of and I am familiar with and accep being filed merely to reflect a char has been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete It the obligation of my position as registered ago Inge in the registered office address, I herehy co Is change.	e performance ent. Or, if this nfirm that the
	95 <del>16</del>		
If signing on	(Signature of Registered Agent) behalf of an entity:	(Date)	
	(Typed or Printed Name)	_	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*