

P0500168249

Mendon Financial  
1926 Del Prado Blvd  
Cape Coral, FL 33990

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

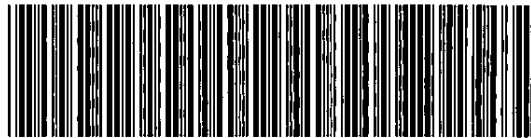
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CRB 9/27

## 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: B W S P, Inc.
2. The principal office address: 1926 Del Prado Blvd.  
Cape Coral, FL 33990
3. The mailing address (if different): 2722 Skyline Blvd. Suite 3  
Cape Coral, FL 33914
4. Date of incorporation/qualification: 12/29/05 Document number: P05000168249
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Natasha M. Williams

2722 Skyline Blvd., Suite 3

Cape Coral, FL 33914

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

Natasha M. Williams


1926 Del Prado Blvd.

(P.O. Box NOT acceptable)

Cape Coral, FL 33990

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.

authorized by the board, or the corp  
  
 (Signature of an officer or director)

Mark D. Metten VPD  
(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.*

*Notask Williams*  
(Signature of Registered Agent)

✓ 9-11-07  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314