

POL0000026868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

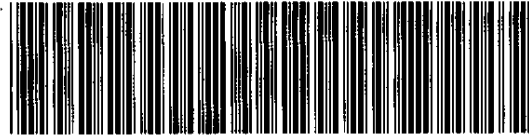
(Business Entity Name)

(Document Number)

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Registered  
Address  
Change

07/06/10--01007--007 \*\*35.00

FILED

2010 JUL -6 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
7/8/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BBT MANAGEMENT CORP.  
Name of Corporation

DOCUMENT NUMBER: P06000026868

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:

TIMOTHY S. JONES  
Name of Contact Person

BBT MANAGEMENT CORP.  
Firm/Company

7005 N. WATERWAY DR., STE 305  
Address

MIAMI, FL 33155  
City/State and Zip Code

TJTRAN90@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY S. JONES at (954) 849-0791  
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

**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: BBT MANAGEMENT Corp.
2. The principal office address: 2101 S. Andrews Ave, Ste 201  
Ft. Lauderdale, FL 33316
3. The mailing address (if different): 230 SW 159th Way  
SUNRISE FL 33326
4. Date of incorporation/qualification: 2/23/06 Document number: P06000026868
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

TIMOTHY S. JONES  
7005 N. WATERWAY DR., STE 305  
MIAMI, FL 33155

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): (NOTE: THIS WILL BE PRINCIPAL ADDRESS, REG AGENT ADDRESS, AND VP ADDRESS)  
TIMOTHY S. JONES  
2101 S. ANDREWS AVE., STE 201  
FT. LAUDERDALE, FL 33316

P.O. Box NOT acceptable

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]  
Signature of an officer or director

TIMOTHY S. JONES, VP  
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

\_\_\_\_\_  
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