## P07000031747

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
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(Document Number)	· · · · · · · · · · · · · · · · · · ·	
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Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: B&B Innovative Solutions (Name of Corporation)			
(Marie de Corporation)			
DOCUMENT NUMBER: 20-8640983 OMB# 1545-0003			
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:			
Objetova Diverse			
Shirley Divers (Name of Contact Person)			
(Name of Contact Person)			
B&B Innovative Solutions			
(Firm/Company)			
13401-9 Summerlin Rd #193 (Address)			
Ft. Myers, Fl. 33919			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Shirley Divers at (239) 834 9052 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Addungs Street Address			

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



August 2, 2007

SHIRLEY DIVERS B & B INOVATIVE SOLUTIONS, INC 13401-9 SUMMERLIN ROAD, #193 FORT MYERS, FL 33919

SUBJECT: B & B INOVATIVE SOLUTIONS, INC

Ref. Number: P07000031747

We have received your document for B & B INOVATIVE SOLUTIONS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The new registered agent named in #6 must sign at the bottom of the form accepting the designation.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 407A00046909



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2007

SHIRLEY DIVERS B & B INOVATIVE SOLUTIONS, INC 13401-9 INNOVATIVE SOLUTIONS, INC FORT MYERS, FL 33919

SUBJECT: B & B INOVATIVE SOLUTIONS, INC

Ref. Number: P07000031747

We have received your document for B & B INOVATIVE SOLUTIONS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 407A00046909

OT AUG -2 AM 8: 00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of stered agent, or both, in the State of Florida.
	the corporation: B&B Innovative Sol	_
2. The principal	office address: 13401-9 Summerlin	
3. The mailing a	ddress (if different): Same	
4. Date of incorp	poration/qualification: Mar 12 2007	Document number: 20-8640983-OMB1545-0003
	1 street address of the current registered riment of State:	agent and registered office on file with the
	Betty Holmes	TALE SEE
	13401-9 Summerlin Rd #	193 TALLAHASSE
	Ft. Myers, Fl. 33919	SSE J
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office
	Shirley Divers	<u> </u>
	13401-9 Summerlin Rd #	193
•	(P.O. Box NOT acceptab	le)
	Ft. Myers, Fl. 33919	
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its registered agent,
		ted by its board of directors or by an officer so notified in writing of the change.
Ship	de ot an officer of direction	Shirley Divers (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
, Shy	gnature of Registered Agent)	07-19-2007 (Date)
If signing on be	chalf of an entity:	
(	Typed or Printed Name)	
	* * * FILING 1	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)