

P07000115753

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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*Handwritten signature and date 11/2/08*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blessed 2 B Home, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P07000115753

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:

Debbie Bohlmann  
(Name of Contact Person)

Blessed 2 B Home, Inc.  
(Firm/Company)

2881 Strand Circle  
(Address)

Orlando FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Bohlmann at (407) 971-4560  
(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

RECEIVED  
2003 NOV -5 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2008

DEBBIE BOHLMANN  
2881 STRAND CIRCLE  
OVIEDO, FL 32765

SUBJECT: BLESSED 2 B HOME, INC.  
Ref. Number: P07000115753

We have received your document for BLESSED 2 B HOME, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 908A00055524

**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: Blessed 2 B Home, Inc.
2. The principal office address: 2881 Strand Circle  
Oviedo FL 32765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Oct 22, 2007 Document number: P07000115753
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

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

Debbie Bohlmann  
2881 Strand Circle  
(P.O. Box NOT acceptable)  
Oviedo FL 32765

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.

Debbie Bohlmann  
(Signature of an officer or director)

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.

Debbie Bohlmann  
(Signature of Registered Agent)

11/3/08  
(Date)

If signing on behalf of an entity:

alkfjsaldkfi  
(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)

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