## P0800006125

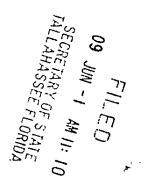
(Re	equestor's Name)	
· (Ad	ldress)	
(Ac	ldress)	,
(* 12		
(Cit	ty/State/Zip/Phone #	<del>‡</del> )
PICK-UP	WAIT	MAIL
· (Bu	isiness Entity Name	<u>,                                      </u>
(		,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Amendment Section Division of Corpor	n ations				
SUBJECT:	Bay Leasing Se Name of Co	rvices, Inc.			
DOCUMENT NUMBER:	P080	000006725	<u></u>		
The enclosed Statement of	Change of Registered Office	e/Agent and fee are subm	nitted for filing.		
Please return all correspond	lence concerning this matter	to the following:			
	Alan Tho	ompson			
	Name of Cor	ntact Person			
Bay Leasing Services, Inc.					
	Firm/Co	mpany			
-	10619 Walter Addi				
	Audi	1055			
	lithia Fi	22547			
<del></del>	Lithia, Fl City/State an	_ 33547 nd Zip Code			
	·	·			
<del></del>	athompson@bayerectors.net  E-mail address: (to be used for future annual report notification)				
E-maii	address: (to be used for fi	uture annual report not	incation)		
For further information cor	cerning this matter, please c	all:			
Alan T	hompson	at ( 813 )	478-7948		
Name of Co	ontact Person	Area Code & Day	478-7948 time Telephone Number		
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.			
<u>M</u> .	ailing Address: nendment Section	Street Addres	<u>s:</u> Section		
Di	vision of Corporations	Division of C	•		
	O. Box 6327	Clifton Build	•		
Ta	Illahassee, FL 32314	2661 Executi Tallahassee,	ive Center Circle FL 32301		

TO:

## 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: Bay Leasing Services, Inc.	
2. The principal office address: 3001 N. 36th Street, Tampa, FL 33605	
3. The mailing address (if different): same	
4. Date of incorporation/qualification: 1/17/2008 Document number: P08000006725	
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)	
Thompson, Cory	
3001 N 36th Street 25 26	
Towns El 22605 US	Tļ
6. The name and street address of the new registered agent (if changed) and /or registered office	Π D
Thompson, Alan	
10619 Walter Hunter Road	
P.O. Box NOT acceptable  Lithia, FL 33547	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	ı
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.	
Alan Thompson President Signature of an officer or director 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.	e s ?
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Alan Thompson Typed or Printed Name	

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