

(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	· #\	
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RIA-CH

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F nange is submitted for a corporation organized under the laws of the St ler to change its registered office or registered agent, or both, in the St	tate of Florida	a	
	the corporation: Bonded Services Inc.	ale oj r toriaa		
	al office address: 1903A West McNab Road, Pompano Beach	ı, FL 33069		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 2/27/2008 Document number: P	080000212	59	
5. The name an	nd street address of the current registered agent and registered office or artment of State: (If resigned, enter resigned)			
	Daniel Young			
	24 NE 24th Ave.			
	Pompano Beach, FL 33062		<u>.</u>	
6. The name and (if changed):	ed street address of the new registered agent (if changed) and /or registe	ered office	DEC 26	<u></u>
	Daniel Te Young		72	
	1600 South Federal Highway, Suite 570		£: 2	0
	P.O. Box NOT acceptable Pompano Beach, FL 33062		<b>(36</b> )	
The street address changed will	ress of its registered office and the street address of the business office lendentical.	ce of its regist	ered a	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or he board, or the corporation has been notified in writing of the change	by an officer	so	
Signatu	ure of an officer or director  Blake K Printed or typed name	och ie and title	2	_
interagree .	t the appointment as registered agent and agree to act in this capacit to comply with the provisions of all statutes relative to the proper are fmy duites, and I am familiar with and accept the obligation of my pairs document is being filed merely to reflect a change in the registere that the corporation has been notified in writing of this change.	ad oomanlata	istered iss. I	ł
- Me	mature of Registred Agent Date	18	<u></u>	_
1	chalf of an entity:			
Danie	el Te Young			
Ty	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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