

PO8000026094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

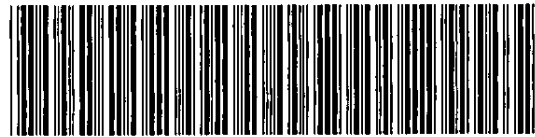
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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200238339712

RA address
change

09/04/12--01003--001 **10.00

08/13/12--01016--003 **25.00

FILED
2012 AUG 31 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#00789 06342, 00671 8/31/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2012

Donald J. Perry
BP Auto Spa, Inc.
2051 Mayo Drive
Tavares, FL 32778

SUBJECT: BP AUTO SPA, INC.
Ref. Number: P08000026094

We have received your document for BP AUTO SPA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 612A00021258

RECEIVED

12 AUG 31 AM 8:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BP AutoSpa Inc
Name of Corporation

DOCUMENT NUMBER: P08000026094

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:

Donald Perry
Name of Contact Person

BP AutoSpa
Firm/Company

2051 Mayo Drive
Address

Tallahassee, FL 322 32778
City/State and Zip Code

BPautospa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara McFaire at (352) 343-4190
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BP Auto Spa, Inc.
2. The principal office address: 616 South 14th Street
Leesburg, FL 34748
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P08000026094

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)

Donald Perry
7065 Horizon Circle
Windermere, FL 34786

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

Donald Perry
2051 Mayo Drive
P.O. Box NOT acceptable
Talahassee, FL 32378

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TALLAHASSEE, FLORIDA

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

Donald Perry
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]
Signature of Registered Agent

8/28/12
Date

If signing on behalf of an entity:

Donald J. P
Typed or Printed Name

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