

P08000043128

(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:

Corrected document
by telephone call
JH 1/15/09

Office Use Only



700139048377

12/18/08--01029--019 **35.00

RA Co by

RECEIVED
STATE
TREASURER
FLORIDA

09 JAN 15 PM 3:46

FILED

JAN 15 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2008

JAMES BAR-EREZ
BAR,EREZ, INC.
3713 S. LANCEWOOD PL
DELRAY BEACH, FL 33445

SUBJECT: BAR.EREZ, INC.
Ref. Number: P08000043128

We have received your document for BAR.EREZ, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 508A00061475

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 15 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bar. Erez, Inc
(Name of Corporation)

DOCUMENT NUMBER: POB 0000 43128

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:

James Bar-Erez
(Name of Contact Person)

Bar. Erez, Inc
(Firm/Company)

3713 S. Lancewood PL
(Address)

Delray Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

James Bar-Erez at (561) 498-2113
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bar. Erez, Inc.
2. The principal office address: 3713 South Lancewood PL
Delray Beach, FL 33445
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 4/29/08 Document number: PD8000043128

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):

James Bar-Erez
3713 South Lancewood Place
(P.O. Box NOT acceptable)
Delray Beach, FL 33445

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)

James Bar-Erez
(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)

1/13/09
(Date)

If signing on behalf of an entity:

(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)

FILED

09 JAN 15 PM 3:47

CLERK OF STATE
TALLAHASSEE, FLORIDA