## 0800005/228

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. Bohn Property Services & Management, Inc.

Name of Corporation

DOCUMENT NUMBER, P08000051228

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:

## Jimmy A Bohn

Name of Contact Person

Bohn Property Services & Management, Inc.

Firm/Company

3868 Island Ford Road

Address

Brevard, NC 28712

City/State and Zip Code

jimbohn1135@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Novosel

,,239 285-160

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State o	f <u>1604</u>
1. The name of t	he corporation: Bohn Property Ser office address: 3868 Island Ford R	vices & Management, Ir	10.
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/22/2008	Document number: P080	00051228
	I street address of the current registered at tment of State: (If resigned, enter resigned	=	with the
	Jimmy A Bohn		_
	46940 Bermont Road		_
	Punta Gorda, FL 33982	.c. 4	- - - ご
Punta Gorda, FL 33982  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Jimmy A Bohn		- 10 <b>2 2</b>
	50040 Bermont Road		- S
	P.O. Box NOT Punta Gorda, FL 33982	acceptable	, R <sub>2</sub> + 2-4
_	ess of its registered office and the street a be identical. as authorized by resolution duly adopted ne board, or the corporation has been not		
Jnu	my ABon	Jimmy A Bohn, Preside	
I hereby accept	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in	Printed or typed name and agree to act in this capacity. Ites relative to the proper and coccept the obligation of my positiect a change in the registered off writing of this change.	omnlete
Qu	- Bohn	11/13/2013	
/	nature of Registered Agent half of an entity:	Date	
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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