## P0800005/692

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2009

BARBARA TILKA 3584 TRIDENT CT JACKSONVILLE BEACH, FL 32250

SUBJECT: BX3 SOLUTIONS INCORPORATED

Ref. Number: P08000051692

We have received your document for BX3 SOLUTIONS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this 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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 809A00020502

2009 JUN 29 AM 8: 0
SECRETARY OF STATE
ANALYSES FI ORIU

## **COVER LETTER**

TO: Amendment Division	ent Section of Corporations						
SUBJECT:	BX3 SOLU	TIONS INCO					
DOCUMENT N	UMBER:	P08000	051692				
	ement of Change of Re			mitted for filing.			
Please return all c	orrespondence concern	ing this matter to th	ne following:				
		Barbara R. T	ilka	-, -, -, -, -, -, -, -, -, -, -, -, -, -			
		Name of Contact	rerson				
BX3 SOLUTIONS INCORPORATED							
		Firm/Compa	ny				
3584 Trident Ct.							
	, e	Address	···				
	, , , , , ,			7 (6)			
	Jacl	ksonville Beach City/State and Zir	FL 32250	-			
	τ.,			•			
	E-mail address: (to	BTilka@gmail.	com	tification)			
	E-man address. (to	be used for future	amuai report no	uncation)			
For further inform	nation concerning this m	natter, please call:					
	Barbara R. Tilka	at	( 904 )	608-7995			
Na	ame of Contact Person	<del></del>	Area Code & Day	time Telephone Number			
Enclosed is a \$35	.00 check made payable	to the Department	of State.				
	Mailing Address  Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address Amendment Division of Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle			

TO:

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

statement of chan	ge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor lunder the laws of the State	<sub>e of</sub> Florida		
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: BX3 SOLUTIONS INCORPORATED						
2. The principal office address: 1171 Beach Blvd. Unit 105 Jax Beach, FL 32250						
3. The mailing address (if different): 3584 Trident Ct. Jax Beach, FL 32250						
4. Date of incorpo	oration/qualification:	05/23/2008	Document number:	P08000051692		
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)						
<u> </u>	United States Corp	oration Agents,	Inc.,			
_	13302 Winding Oaks Blvd. Suite A-100					
	Tampa, FL 33612	RESIGN	ED	<u></u>		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
<u> </u>	Barbara R. Tilka			SESRETAR ALLAHASS		
-	3584 Trident Ct.	P.O. Box NOT acc	entable	BY OF PH		
	Jacksonville Beach		chuore			
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.						
	of an officer or director		Barbara R. Tilka Printed or typed name			
I hereby accept the I further agree to of my duties, and document is bein corporation has	he appointment as regi comply with the provi I am familiar with and g filed merely to reflect been notified in writing	stered agent and ay sions of all statutes I accept the obligat t a change in the re t of this change.	gree to act in this capacity relative to the proper and ion of my position as regi egistered office address, I	y. d complete performance stered agent. Or, if this hereby confirm that the		
06/10/2009						
	ture of Registered Agent		Date			
If signing on beh	air of an entity:					
Тур	ed or Printed Name					

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