

PO8000071222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

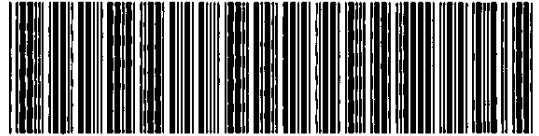
(Business Entity Name)

(Document Number)

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09 MAY 11 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLIETTE

MAY 19 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B & I LOGISTICS, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000071222

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOEMI CLOUGH
(Name of Person)

B & I LOGISTICS, INC
(Name of Firm/Company)

53 PECAN DRIVE PASS
(Address)

OCALA, FL 34472
(City/State and Zip Code)

For further information concerning this matter, please call:

NOEMI CLOUGH at (352) 687-3301
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: B & I LOGISTICS, INC
2. The principal office address: 53 PECAN DRIVE PASS
OCALA, FL 34472
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 8/1/2008 Document number: P08000071222
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)

NICHOLAS L CLOUGH - RESIGNED

53 PECAN DRIVE PASS

OCALA, FL 34472

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

NOEMI CLOUGH

53 PECAN DRIVE PASS

P.O. Box NOT acceptable

OCALA, FL 34472

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.

Noemi Clough
Signature of an officer or director

NOEMI CLOUGH

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.

Noemi Clough
Signature of Registered Agent

5/4/09

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA