PO80008367/

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
		.			

Office Use Only

9 22.0



700159762967

09/21/09--01008--019 **35.00

EP 21 AH ID: 58

TARY OF STATE
ASSEE, FLORIDA

TO THE DEPT. TO THE DEP

COVER LETTER

ns						
Name of 0	Corporation					
P08	3000083671					
nge of Registered Offi	ce/Agent and fee are s	ubmitted for filing.				
Please return all correspondence concerning this matter to the following:						
· ·	•					
Vincen	t Butorac					
Name of Co	ontact Person					
Firm/C	ompany					
		——————————————————————————————————————				
Au	urcss					
Tampa	FL 33611					
City/State and Zip Code						
vincebutorac@yahoo.com						
ness. (to be used for	ruture amidai report	nouncation)				
ning this matter, please	call:					
	at (813)	3620807				
et Person	Area Code &	Daytime Telephone Number				
de payable to the Depa	rtment of State.					
g Address:	Street Ado	iress:				
dment Section	Amendme	ent Section				
_		of Corporations				
		uilding cutive Center Circle				
	POS nge of Registered Offi e concerning this matter Vincen Name of Co Ballast F Firm/C 2917 Hanse Ad Tampa, City/State a vincebutorac dress: (to be used for ning this matter, please utorac et Person	Ballast Finance Inc. Name of Corporation P08000083671 Inge of Registered Office/Agent and fee are see concerning this matter to the following: Vincent Butorac Name of Contact Person Ballast Finance Inc. Firm/Company 2917 Hansen Manor Lane Address Tampa, FL 33611 City/State and Zip Code vincebutorac@yahoo.com Iress: (to be used for future annual report Ining this matter, please call: utorac at (813) Area Code & de payable to the Department of State. In gaddress: In				

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0 ange is submitted for a corpo er to change its registered of	oration organized	under the laws of the State	_{e of} Florida
		•		eoj rioriaa.
	the corporation: Ballast			 1
2. The principal	office address: 2917 Har	isen Manoi La	ne, rampa, rc 3301	I
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	2/21/2009	Document number:	P08000083671
	d street address of the currer rtment of State: (If resigned,		and registered office on fi	le with the
	Vincent Butorac			
	3181 Bayshore Oaks	Drive		
	Tampa, FL 33611			ZNOS SEP :
6. The name and (if changed):	d street address of the new r	egistered agent (if	changed) and /or registere	od offidelass
	Vincent Butorac			
	2917 Hansen Manor			AHIO: 50
	Tampa, FL 33611	P.O. Box NOT acce	ptable	
The street address changed will	ess of its registered office a l be identical.	and the street add	ress of the business office	e of its registered agent,
Such change wauthorized by t	as authorized by resolution he board, or the corporation	duly adopted by n has been notifie	its board of directors or led in writing of the chang	by an officer so e.
Signatu	are of an oxicer or director		Vincent Butora Printed or typed name	c/President
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and ag ons of all statutes accept the obligat a change in the re of this change.	ree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Sir	orbining of the entered Agent		9/16/20 Date	009
	gnature of Registered Agent			
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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