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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BJL ENTERPRISES OF CENTRAL FLORII (Name of Corporation)	DA, INC.
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and f	ee are submitted for filing.
Please return all correspondence concerning this matter to the follow	ing:
Barbara J. Lasher  (Name of Contact Person)	
BJL ENTERPRISES OF CENTRAL FLOR (Firm/Company)	IDA, INC.
2289 Cox Road (Address)	
Cocoa, FL 32926 (City/State and Zip Code)	
For further information concerning this matter, please call:	
For further information concerning this matter, please can:	
Richard W. Lasher at ( 321	) 636 5346 Code & Daytime Telephone Number)
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Amendment Section Am Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	eet Address: endment Section rision of Corporations fton Building I Executive Center Circle lahassee, 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, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: BJL ENTERPRISES OF CENTRAL FLORIDA, INC.
	office address: 2289 Cox Road, Cocoa, FL 32926
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 03/05/2009 Document number: P09000021112
	d street address of the current registered agent and registered office on file with the rtment of State:
	Barbara J. Lasher
	2289 Cox Road
	2289 Cox Road  Cocoa, FL 32926  PRE SAR
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Darber Signal	Barbara J. Lasher, President  (Printed or typed name and title)
I further agree of my duties, an accument is be corporation has Lamont	The appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change.  Works, Assistant VP  Grature of Registered Agent)  (Date)
If signing on be	chalf of an entity:
	Service Company Typed or Printed Name)
ι	Type or removerment

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