

Office Use Only



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10/25/16--01032--007 **35.00

R. WHITE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BARSON BUILDING II, INC

Name of Corporation

DOCUMENT NUMBER:

P10000054680

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:

EDWARD P. LUDOVICI

Name of Contact Person

LUDOVICI & LUDOVICI, PA

Firm/Company

9000 SW 152 STREET, SUITE 106

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

alex@ludovici-law.com

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

For further information concerning this matter, please call:

EDWARD P. LUDOVICI

.,305

235-8720

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 ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of FLO r registered agent, or both, in the State of Flori	PRIDA
	the corporation: BARSON BU		aa.
1. The name of	office address: 9000 SW 152	STREET. SUITE 106	
	TO BAY, FL 33157	, , , , , , , , , , , , , , , , , , , ,	
3. The mailing	address (if different): SAME		
4. Date of incor	poration/qualification: 06/28/10	Document number: P100000	54680
5. The name an		stered agent and registered office on file with the	
	EDWARD P. LUDOVICI	I	
	17415 SOUTH DIXIE HIGHWAY		
	PALMETTO BAY, FL 3	3157	
6. The name an (if changed):	•	red agent (if changed) and /or registered office	16 (
	SAME		00 -
	9000 SW 152 STREET,	SUITE 106	
P.O. Box NOT acceptable			P
	PALMETTO BAY, FL 3	3157	ု ယူ ဦသီ <u>လ</u>
The street addr	ess of its registered office and the lbe identical.	street address of the business office of its reg	sistered agent,
Such change wathorized by t	as authorized by resolution duly a be board, or the compenation has b	dopted by its board of directors or by an offic een notified in writing of the change.	er so
Mul	ure of an officer or director	EDWARD P. LUDOVICI, PRE	SIDENT
I hereby accept	t the appointment as registered ag	tent and agree to act in this capacity. All statutes relative to the proper and complete and accept the obligation of my position as to reflect a change in the registered office ad tifled in writing of this change.	e registered dress, I
lan	and find	- 10/20/16	
	mature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	P. LUDOVICI		
1	yped 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 * * *