

P100000100298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 12 2012

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Boisvert Rentals & Property management, Inc.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul T. Boisvert  
Name of Person

Boisvert Rentals & Property Management, Inc  
Firm/Company

1245 Cedar Center Dr.  
Address

Tallahassee, FL 32301  
City/State and Zip Code

boisvertp@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul T. Boisvert at (850) 545-6060  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ ~~\$5 Filing Fee~~

☐ \$55 Filing Fee & Certified Copy

**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 FLA. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BOISVERT RENTALS AND PROPERTY MANAGEMENT, INC.  
2. The principal office address: 1245 CEDAR CENTER DR.  
TALL., FL. 32301  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/13/10 Document number: P10000100298

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Paul T Boisvert  
1114-B THOMASVILLE RD.  
TALL., FL. 32303

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

1245 CEDAR CENTER DR.  
(P.O. Box NOT acceptable)  
TALL., FL. 32301

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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.

Paul T. Boisvert  
(Signature of an officer or director)

PAUL T. BOISVERT  
(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.

Paul T. Boisvert  
(Signature of Registered Agent)

9/12/12  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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