

P11000 080 031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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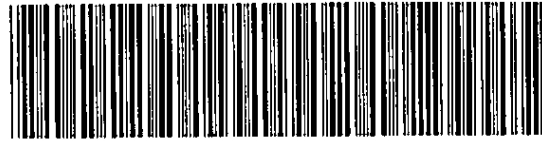
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUILDING OFFICIALS ACADEMY OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P11000080031

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:

Coleen Farinelli

Name of Contact Person

Building Officials Academy of Florida, Inc.

Firm/Company

3447 Gulf Coast Dr.

Address

Hernando Beach, FL 34607

City/State and Zip Code

info@jccode.com

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

For further information concerning this matter, please call:

Coleen Farinelli

Name of Contact Person

at (561) 662-2671

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

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: BUILDING OFFICIALS ACADEMY OF FLORIDA, INC
2. The principal office address: 3447 Gulf Coast Dr. Hernando Beach, FL 33407
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/11/2011 Document number: P11000080031
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)

John D. Farinelli

1101 Mystic Way

Wellington, FL 33414

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

John D. Farinelli

3446 Gulf Coast Dr.

P.O. Box NOT acceptable

Hernando Beach, FL 34607

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.

Coleen Farinelli, Pres
Signature of an officer or director

Coleen Farinelli, President

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.

John D. Farinelli
Signature of Registered Agent

12/27/2019

Date

If signing on behalf of an entity:

John D. Farinelli

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA