

P12.000015399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bump Maternity Boutique, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P12000015399

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:

Lindsay Schulte

Name of Contact Person

Bump Maternity Boutique, Inc.

Firm/Company

1485 Pine Ridge Road, Suite 6

Address

Naples, FL 34109

City/State and Zip Code

bumpnaples@gmail.com

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

For further information concerning this matter, please call:

Lindsay Schulte

Name of Contact Person

at 239 594-9994

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: Bump Maternity Boutique, Inc.
2. The principal office address: 1485 Pine Ridge Road, Suite 6  
Naples, FL 34109
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 02/15/2012 Document number: P12000015399
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)

Lindsay Altenau

15336 Latitude Drive

Bonita Springs, FL 34135

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

Lindsay Schulte (name change b/c of marriage)

1485 Pine Ridge Road, Suite 6

P.O. Box NOT acceptable

Naples, FL 34109

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.

Lindsay Schulte  
Signature of an officer or director

Lindsay Schulte, Owner

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.*

Lindsay Schulte  
Signature of Registered Agent

12/07/12

Date

If signing on behalf of an entity:

Lindsay Schulte

Typed or Printed Name

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

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

CR2E045 (03/12)