P1200024777

(Requestor's Name)					
(Address)					
(Address)					
(Cit. (Class Girl D) +0					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

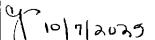
Office Use Only



000456494230

0.701 US--0100 -007 -48.0

2625 :: 120 F11 h: 29



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BF Jonathan Dickinson Inc	
Name of Corporation	
DOCUMENT NUMBER: P12000024777	
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:	
Daniel Bobo	
Name of Contact Person	
BF Jonathan Dickinson	
Firm/Company	
2801 Industrial Ave 2	
Address	
Fort Pierce, FL 34946	•
City/State and Zip Code	:
Dbobo@Nspconcessions.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Daniel Bobo 3595-6429 EXT 407	
Daniel Bobo at (772) 595-6429 EXT 407 Name of Contact Person Area Code & Daytime Telephone Numb	er
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	T	0502, 607,1508, or 617,1508, Florida Stat			
		rganized under the laws of the State of Flor gistered agent, or both, in the State of Flor			
			ICICI.		
1. The name of	the corporation: BF Jonathan Dickinson	on Inc.			
	office address: 16450 SE Federal Hwy				
Hobe Sound, FL	33455				
3. The mailing a	address (if different): 2801 Industrial A	Ave 2 Fort Pierce, FL 34946			
4. Date of incor	Document number: P12000024777				
5. The name and		ed agent and registered office on file with			
	Jack E. Bobo				
	2395 SW Kent Cir		555		
	Port St Lucie, FL 34953				
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	20 f		
	Bobo Family Enterprises LLC.		1: 2		
	2801 Industrial Ave 2		فَ		
P.O. Box NOT acceptable					
	Fort Pierce, FL 34646	<u> </u>			
The street addr	ess of its registered office and the st be identical.	reet address of the business office of its re	egistered agent,		
Such change wauthorized by t	as enthorized by resolution duly add he bard, or the corporation has been	pted by its board of directors or by an off notified in writing of the change.	icer so		
Jan		Daniel Bobo, VP			
J	ire of an officer or director	Printed or typed name and title	-		
I further agrée of my duties, ar document is he	nd I am familiar with and accept the	statutes relative to the proper and comple obligation of my position as registered a in the registered office address, I hereby c	gent. Or, if this		
Jam		8/11/2025			
Sig	gnature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
Daniel Bobo, M	ember				
1	'yped or Printed Name				

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