

P12.000040523

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAPITAL BAIL BONDS INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000040523

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:

KEVIN DWYER  
Name of Contact Person

CAPITAL BAIL BONDS  
Firm/Company

8433 S. US Hwy 1 site C  
Address

PORT ST LUCIE FL 34952  
City/State and Zip Code

CAPITALBAILBONDSINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN DWYER at ( 954 ) 691 6048  
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**

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: CAPITAL BAIL BONDS INC
2. The principal office address: 8433 S. US Hwy 1 Suite 6  
PORT ST LUCIE, FL 34952
3. The mailing address (if different): P.O. Box 801702  
PORT ST LUCIE FL 34988
4. Date of incorporation/qualification: 05/01/2012 Document number: P12000040523
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)

CAPITAL BAIL BONDS INC  
1400 N.E. 191 ST Suite 121  
Miami, FL 33179

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TALLAHASSEE, FLORIDA

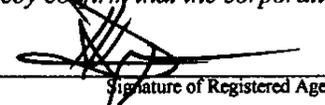
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
CAPITAL BAIL BONDS / Kevin Dwyer  
8433 S. US Hwy 1 Suite 6  
P.O. Box NOT acceptable  
PORT St Lucie, FL 34952

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.

\_\_\_\_\_  
Signature of an officer or director 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.*

 Signature of Registered Agent  
11-19-12 Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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