

P12.000040523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

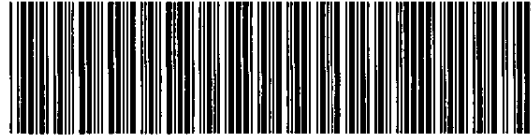
(Business Entity Name)

(Document Number)

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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 suite 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 881702
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

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.

<hr/> <small>Signature of an officer or director</small>	<hr/> <small>Printed or typed name and title</small>
<p><i>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.</i></p>	
<hr/>  <small>Signature of Registered Agent</small>	<hr/> <u>11-19-12</u> <small>Date</small>

If signing on behalf of an entity:

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)

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12 NOV 21 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA