

P12 0000 71934

(Requestor's Name)

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(Address)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2013

JOANNE H. ERVIN  
LOOKOUT BAIL BONDS INC.  
1310 W. COLONIAL DR. STE.3  
ORLANDO, FL 32804

SUBJECT: LOOKOUT BAIL BONDS INC.  
Ref. Number: P12000071934

RECEIVED  
13 OCT 31 PM 4:13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE HAVE JOANN H. ERVIN TO SIGN THE DOCUMENT AS REGISTERED AGENT AND OFFICER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 913A00024355

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOOKOUT BAIL BONDS INC

Name of Corporation

**DOCUMENT NUMBER:** P12000071934

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:

JOANNE H ERVIN

Name of Contact Person

LOOKOUT BAIL BONDS INC

Firm/Company

1310 W COLONIAL DR STE 3

Address

ORLANDO, FL 32804

City/State and Zip Code

JOJOBAIL@YAOO.COM

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

For further information concerning this matter, please call:

JOANNE H ERVIN

Name of Contact Person

at ( 407 ) 300-7292

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: LOOKOUT BAIL BONDS INC  
2. The principal office address: 1310 W COLONIAL DR STE 3 ORLANDO, FL 32804

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/21/2012 Document number: P12000071934

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)

JOANNE ERVIN

1412 CAREY GLEN CIR

ORLANDO, FL 32824

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

JOANN H ERVIN

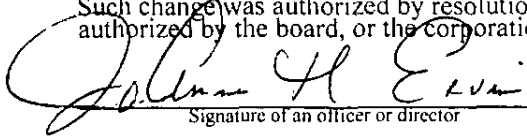
1310 W COLONIAL DRIVE STE 3

P.O. Box NOT acceptable

ORLANDO, FL 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

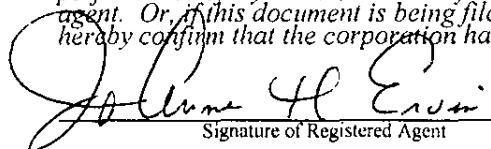
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

**JOANNE H ERVIN 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.*

  
Signature of Registered Agent

10-03-2013

Date

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)