

PI3000047172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

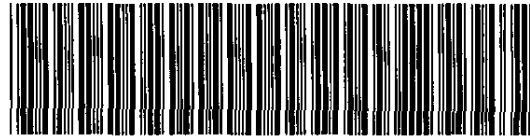
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

JAN 23 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Big Angel's Bail Bonds
Name of Corporation

DOCUMENT NUMBER:

P13000047172

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:

Angel Alonso
Name of Contact Person

Big Angel's Bail Bonds
Firm/Company

506 Andrews Ave
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

bigangelbailbonds@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Alonso at 954, 462-4433
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 6307
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations

Capital Building
1000 International Center Drive
Tallahassee, FL 32301

PO Box 6307
Tallahassee, FL 32314

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Big Angel's Bail Bonds, Inc.
2. The principal office address: 519 S Andrews Ave Fort Lauderdale, FL 33301
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05-30-13 Document number: P13000047172

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)

Angel Alonso
519 S Andrews Ave
Fort Lauderdale, FL 33301

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

519 S Andrews Ave
Fort Lauderdale FL 33301

P.O. Box NOT acceptable/

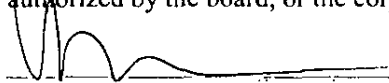
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TALLAHASSEE, FL 32304

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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.



Angel Alonso - President

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

01-13-14

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)