

P13000062336

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 2 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bundle of Joy INFANT Care Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P130000 62336

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:

GLORIA McCLYMONT
Name of Contact Person

Bundle of Joy INFANT Care Services, Inc.
Firm/Company

35113 Stagecoach Trail
Address

Eustis, FL 32736
City/State and Zip Code

BundleofJoy724@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA McCLYMONT at (754) 214 4889
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bundle of Joy INFANT Care Services, Inc.
2. The principal office address: 4330 NW 44 Avenue,
Lauderdale Lakes, FL 33319
3. The mailing address (if different): 35113 STAGECOACH TRAIL
EUSTIS, FL 32736
4. Date of incorporation/qualification: July 24, 2013 Document number: P13000062336
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)
Joy MARIA Patricia Russell
4330 NW 44 Avenue,
Lauderdale Lakes, FL 33319

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

GLORIA J. McCLYMONT
35113 STAGECOACH TRAIL
P.O. Box NOT acceptable
EUSTIS, FL 32736

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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.

Gloria J. McClymont
Signature of an officer or director

GLORIA J. McCLYMONT - VP
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.

Gloria J. McClymont
Signature of Registered Agent

9/20/13
Date

If signing on behalf of an entity:

Typed or Printed Name

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