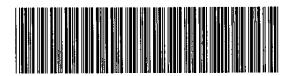
P13000094937

(R	Requestor's Name)	
(A	ddress)	
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
([Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200266214722

11/10/14--01024--018 **35.00

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

14 NOV 10 AH 4:3



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: My Bondsman Bail Bonds Fric Name of Corporation			
DOCUMENT NUMBER: P130000 94937			
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:			
Anthus Alcin Name of Contact Person My Bondsman Bail Bonds Inc Firm/Company			
1279 King Street Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Area Code & Daytime Telephone Number 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
1. The name of the corporation: My Bondsman Bril Bonds Inc
2. The principal office address: 4/6 S. M. I. Fang trail West Palm Beuch, Fl 33415
3. The mailing address (if different): 6501 ofcechobee Blvd
4. Date of incorporation/qualification: 11/22/13 Document number: P13000094937
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)
Arthus Alein
- 416 S. Mil. Lary trail
West Pelm Beach, El 33415
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Arthur Alcin
Arthus Alein 1279 King Street P.O. Box NOT acceptable Coloa, Pl 32932 Coloa, Pl 32932 Coloa, Pl 32932
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.
Significant Arthus Alcin president Significant 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 Date
If signing on behalf of an entity:
Typed or Drieted Name

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