P14000010685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CARTER

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Statewide Bail Bonds, Inc.
Name of Corporation

**DOCUMENT NUMBER:** P14000010685

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:

Craig Keckler
Name of Contact Person

Statewide Bail Bonds, Inc.
Firm/Company

1583 S. Belcher Rd. Suite B
Address

Clearwater, FL 33764
City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Keckler at (813) 922-5245
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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

CR2E045 (03/12)