

P14000043860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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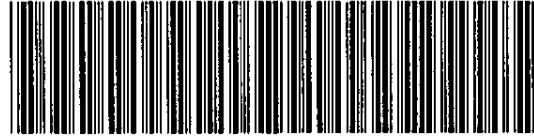
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1 Best Bail Bonds Inc.
Name of Corporation

DOCUMENT NUMBER: P14000043860

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:

Loa Wheeler
Name of Contact Person
1 Best Bail Bonds Inc
Firm/Company
2075 Main Street Suite 35
Address
Sarasota, FL 34237
City/State and Zip Code

1bestbailbonds@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loa Wheeler at (941) 681-1955
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, 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: 1 Best Ball Bonds Inc.

2. The principal office address: 1312 N. East Ave

3. The mailing address (if different): Sarasota, FL 34237

4. Date of incorporation/qualification: 05/15/14

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)

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): Sarasota, FL 34237

7. The street address of its registered office and the street address 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.

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 an officer or director: Low Wheeler

Signature of Registered Agent: Low Wheeler

Printed or typed name and title: Low Wheeler - owner

Date: 7/12/15

Typed or Printed Name: _____

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)

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