

P14 0000 88 492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

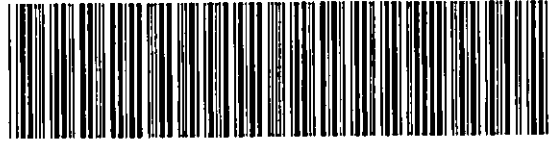
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN 10 AM 7:17

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FEB 08 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BONDZMAN INC
Name of Corporation

DOCUMENT NUMBER: 714000088492

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:

William E STAUBS
Name of Contact Person

THE BONDZMAN INC
Firm/Company

970 N COCOA BLVD
Address

COCOA BLVD 32922
City/State and Zip Code

E-mail address: (to be used for future annual report notification) CASE CLOSED @ Bellsouth.net

For further information concerning this matter, please call:

William E. STAUBS at (954) 328 7373
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: THE BONDZMAN FNC
- 2. The principal office address: 970 N COCOA BLVD
COCOA FL. 32922
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/14/2014 Document number: P14000088492
- 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)

Resigned
 _____ STAUBS, JIMBERLY
 _____ 27697 Dortch Ave
 _____ C/O Wendy Ihrig
 _____ Bonita Springs, FL 34135

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32314
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William E STAUBS
970 N COCOA BLVD
P.O. Box NOT acceptable
COCOA FL. 32922

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.



 Signature of an officer or director

CEO / P/E / owner

 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

1-8-2020

 Date

If signing on behalf of an entity:

William E STAUBS

 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