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(Re	questor's Name)				
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SEP 2 AD 15

* COVER LETTER.

TO: Amendment Section Division of Corporations				
SUBJECT: 24hr Bail Bonds Inc Name of Corporation				
DOCUMENT NUMBER: 015000032030				
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:				
Brenda A Handy Name of Contact Person 24hr Bail Bonds Inc Firm/Company				
2303 N US Hwy 1 Suite 22				
Fort Pierce Fl 34946 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brenda A Handy at (772) 475-77/5 Name of Contact Person Area Code & Daytime Telephone Number				
Traine of Confact Leison . Thea code & Daytine Telephone Trainoei				

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

statement of change	ge is submitted for a corporati	617.0502, 607.1508, or 617.15 on organized under the laws of or registered agent, or both, in t	the State of <u>F</u>	brida
1. The name of the	e corporation: 24hc	Bail Bonds I	Λ <u>ς</u>	
2. The principal of	_	N. US HWY 1 F1 34946	Suite a	<i>22</i>
3. The mailing add	dress (if different):			
4. Date of incorpo	ration/qualification: 4/7	2015 Document numb	er: <i>P1500</i>	XXX 3203(
	street address of the current reg nent of State: (If resigned, ente	gistered agent and registered off er resigned)	ice on file with th	ne
_	24hr Bai	1 Bonds	,	
_	108 Vin	dale Ave		<u> </u>
		ice Fl 34951		VIETER PO
6. The name and s (if changed):	Brenda 24hr 1	ered agent (if changed) and /or i A. Handi Bail Bonds In	<u> </u>	31 AM 8: 1
-		D. Box NOT acceptable		on 🥞
_	Fort	Pierce Fl 349	146	
The street address as changed will b	s of its registered office and the identical.	ne street address of the business	s office of its reg	gistered agent,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board of director been notified in writing of the	ors or by an offic change.	er so
Busignature	of an officer or director	Brende A	Handy ped name and title	Pres
\sim		agent and agree to act in this c f all statutes relative to the pro ith and accept the obligation of ly to reflect a change in the reg notified in writing of this chang	apacity. per and complet f my position as gistered office aa e.	re registered ldress, I
Bundle	ture of Registered Agent	8-0	24-15	
If signing on beha		·	J.Aug	
Тур	ed or Printed Name			

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