

P15000046301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

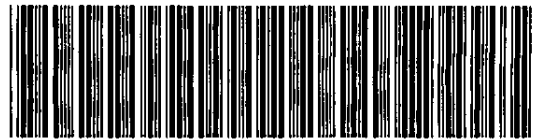
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT - 6 2015
I ALBRITTON

COVER LETTER

RECEIVED

TO: Amendment Section
Division of Corporations

15 OCT -5 PM 2:03

SUBJECT:

DS Bladen Inc.

Name of Corporation

DOCUMENT NUMBER:

P15000046301

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:

Douglas Bladen

Name of Contact Person

DS Bladen Inc

Firm/Company

15610 1ST ST EAST

Address

Redington Beach, FL 33708

City/State and Zip Code

dsbladeninc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Bladen

Name of Contact Person

at

(727) 310-4297

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2015

DOUGLAS BLADEN
DS BLADEN INC.
15610 1ST ST EAST
REDINGTON BEACH, FL 33708

SUBJECT: DS BLADEN INC.
Ref. Number: P15000046301

We have received your document for DS BLADEN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 315A00019553

**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: DS Bladen Inc
2. The principal office address: 15610 1ST ST EAST
Redington Beach, FL 33708
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/22/15 Document number: PL5000046301
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)

Legal INC Corporate Services Inc
5237 Summerlin Commons Suite 400
Fort Myers, FL 33907

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

Kost Consulting LLC (Diane Kost)
150 153RD Ave Ste 301
P.O. Box NOT acceptable
Madeira Beach, FL 33708

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.

Douglas Bladen
Signature of an officer or director

President
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.

Diane Kost
Signature of Registered Agent

10-2-15
Date

If signing on behalf of an entity:

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 32317
CR2E045 (03/12)

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