P16000004777

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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DIVISION OF CORPORATI

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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: BFA Property Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000004777

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:

Eddie Barber

Name of Contact Person

BFA Property Services

Firm/Company

332 Alvis Road

Address

Jacksonville, FL 32220

City/State and Zip Code

Office@CPAsite.com

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

For further information concerning this matter, please call:

Eddie Barber

904 838**-**58

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida red office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BFA	
2. The principal office address: 332 A	Alvis Road, Jacksonville, FL 32220
3. The mailing address (if different): S	ame as above
4. Date of incorporation/qualification:	1/13/16 Document number: P16000004777
5. The name and street address of the c Florida Department of State: (If resig	urrent registered agent and registered office on file with the gned, enter resigned)
Superbiz Regist	tered Agent, Inc.
2761 Vista Park	way, Suite E4
West Palm Bear	ch, FL 33411
6. The name and street address of the n (if changed):	new registered agent (if changed) and /or registered office
Robert "Eddie" I	Barber
332 Alvis Road	
laskoonvilla. El	P.O. Box NOT acceptable
Jacksonville, FL	. 32220
The street address of its registered off as changed will be identical.	ice and the street address of the business office of its registered sent,
Such change was authorized by resolu authorized by the board, or the corporation	ation duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Kan 915M	Robert Barber
Signature of an officer or director	Printed or typed name and title
I further agree to comply with the pro- performance of my duties, and I am fa agent. Or, if this document is being fi	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.
Klu 913 MM	4/20/17
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

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