P16000076078

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: B&A COLLECTIBLES INC. Name of Corporation				
DOCUMENT NUMBER: P16000076078				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:			
Eddie Brown				
Name of Contact Person				
B&A COLLECTIBLES INC.				
Firm/Company				
741 Medina Ave				
Address				
St. Augustine, FL 32086				
City/State and Zip Code				
estatecollectors@gmail.com				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please	call:			
Eddie Brown	at (217) 717-6634 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depar	tment of State.			
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida $\mathcal L$ ion organized under the laws of the State of $\frac{1}{2}$	Florida
		or registered agent, or both, in the State of F	lorida.
1. The name of t	he corporation: B&A COLLECT	TIBLES INC.	<u>.</u>
2. The principal	office address: 7901 4th St N S	STE 300	
St. Petersburg	FL 33702		
3. The mailing a	ddress (if different): 7901 4th	St N STE 300 St. Petersburg FL 33702	2
4. Date of incorp	xoration/qualification: 09/19/1	6 Document number: P16000	076078
	street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file wi er resigned)	th the
	REGISTERED AGENTS IN	NC	_
7901 4TH ST N STE 300			
	ST. PETERSBURG, FL 33	702	20 TA:
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office?		15. Mar. 17.
	Matthew Austin		_
	741 Medina Ave		i d
P.O. Box NOT acceptable			
	St. Augustine, FL 32086		- (D)
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its	•
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	y adopted by its board of directors or by an speen notified in writing of the change.	officer so
Eddi	ie Brown	Eddie Brown	
	e of an officer or director	Printed or typed name and tit	le
l further agree t of my duties, an document is bei	the appointment as registered of comply with the provisions of I am familiar with and accepting filed merely to reflect a charbeen notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and com It the obligation of my position as registered nge in the registered office address, I hereb I change.	plete performance I agent. Or, if this by confirm that the
Matthew S Austin		05/22/2023	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Eddie	Brown		
	ped or Printed Name	_	

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