

P21000034344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

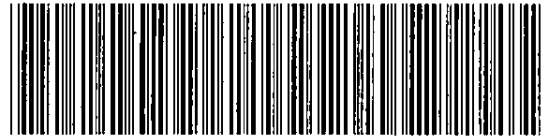
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 14 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1st Caballeros Bail Bonds Inc
Name of Corporation

DOCUMENT NUMBER: P21000034344

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 Charles III

Name of Contact Person

1st Caballeros Bail Bonds Inc

Firm/Company

3780 Kori Road, Suite 4

Address

Jacksonville, Florida 32257

City/State and Zip Code

1stcaballerosbailbonds@gmail.com

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

For further information concerning this matter, please call:

William Charles III

Name of Contact Person

at (904)

518-4936

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 1st Caballeros Bail Bonds Inc
2. The principal office address: 3780 Kori Road, Suite 4
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/07/2023 Document number: P21000034344
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

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

Registered Agents Inc

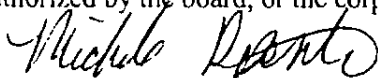
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

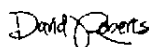


Signature of an officer or director

Michele Aponte / 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.



Signature of Registered Agent

06/20/2023

Date

If signing on behalf of an entity:

David Roberts

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

CR2E04S (04/13)

FILED
2023 JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL