

P23000086569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

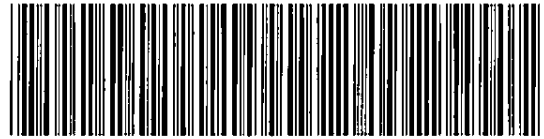
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-011 MAR 2024 01 00000

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bado Accounting Services
Name of Corporation

DOCUMENT NUMBER: P23000086569

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:

Wendy Bado
Name of Contact Person

Bado Accounting Services
Firm/Company

8534 Briar Rose Point
Address

Boynton Beach FL 33473
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
w.bado@yahoo.com

For further information concerning this matter, please call:

Wendy Bado at (913) 787-5116
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
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: Bado Accounting Services Inc
2. The principal office address: 8534 Briar Rose Point
Boynton Beach FL 33473
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/19/2023 Document number: P23000086569
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)

Lohmann & Weisman PLLC

3250 W. Commercial Blvd Ste 345

Ft. Lauderdale FL 33309

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

Mark A. Bado

8534 Briar Rose Point

P.O. Box NOT acceptable

Boynton Beach FL 33473

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FLORIDA DEPARTMENT OF STATE

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]
Signature of an officer or director

Wendy Bado Owner
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]
Signature of Registered Agent

2.21.24
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 32314
CR2E045 (04/13)