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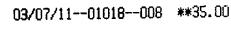
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | • |
|--|---|
| SUBJECT: | Baldwin Enterprises, Inc. Name of Corporation |
| | Name of Corporation |
| DOCUMENT NUMBER: | P93000022916 |
| The enclosed Statement of Chang | ge of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence | concerning this matter to the following: |
| - | Name of Contact Person |
| | Firm/Company |
| 380 | VATRICK AJE Address |
| Merr | City/State and Zip Code |
| E-mail addre | ess: (to be used for future annual report notification) |
| For further information concerning | |
| Name of Contact | Person at (321) 505 7137 Area Code & Daytime Telephone Number |

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 9, 2011

WILLIAM RICKS NEW 380 PATRICK AVE MERRITT ISLAND, FL 32953

SUBJECT: BALDWIN ENTERPRISES, INC.

Ref. Number: P93000022916

We have received your document for BALDWIN ENTERPRISES, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

YOU FAILED TO LIST THE NEW REGISTERED NAME AND LOCATION.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 011A00005831

FECEIVED

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SECRETARY OF STATI

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

| statement of chan | ge is submitted for a cor | poration organized | 07.1508, or 617.1508, FI l under the laws of the St l agent, or both, in the St | ate of | <i>is</i> |
|---|--|--|--|--|---------------------------------------|
| 1. The name of th | e corporation: Baldwi | n Enterprises | s, Inc. | | · · · · · · · · · · · · · · · · · · · |
| 2. The principal o | ffice address: 490 KIV | erside Ave., Me | erritt Island, FL 3295 | 3 | <u></u> |
| 3. The mailing ad | dress (if different): P.C | . Box 5, Ogden | , AR 71853 | | |
| 4. Date of incorpo | oration/qualification: | 03/25/93 | Document number: | P9300002 | 22916 |
| | street address of the curr ment of State: (If resigne | | t and registered office on | file with the | |
| | C. D. Baldwin | | | 7 | |
| | 490 Riverside Ave. | | | | <u>=</u> |
| <u>.</u> | Merritt Island, FL 32 | 2953 | | | 二王 |
| 6. The name and s (if changed): | | registered agent (i | f changed) and /or registe | ered office | 11 MAR 16 PH 2: 02 |
| | | Ave. P.O. BOX NOT BCC Slavid, F | L. 32953 | N | |
| The street address as changed will be | s of its registered office e identical. | and the street add | ress of the business offi | ce of its registere | ed agent, |
| Such change was authorized by the | authorized by resolution board, or the corporati | on duly adopted by on has been notific | its board of directors or ed in writing of the chan | r by an officer so age. | |
| Signature | of an otticer or director | | C. D. B Printed or typed na | aldwin me and tide | |
| I hereby accept the surface to further agree to of my duties, and document is being corporation has been as to the surface of | he appointment as regis comply with the provis I am familiar with and g filed merely to reflect been notified in writing | tered agent and a ions of all statutes accept the obligat a change in the re of this change. | gree to act in this capac relative to the proper a ion of my position as re gistered office address, | ity. Ind complete perj gistered agent. (I hereby confirm | formance Or, if this that the |
| M/MSigna | und select ture of Registered Agent | ev - | 2/27/11 Date | <u></u> | |
| If signing on beha | alf of an entity: | | • • | r. 4 | |
| William | A Ricks Nei | Ú_ | Publisher National Profession Profession (National Assession Profession Profe | ere u sage sage e | |

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