

P93000022916

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 PM 2:02

RA/RD/chg
@ 3/16/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baldwin Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P93000022916

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 Ricks New
Name of Contact Person

Firm/Company

380 Patrick Ave
Address

Merritt Island Fl 32953
City/State and Zip Code

db61bs@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Ricks New at (321) 505 7137
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
11 MAR 16 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Baldwin Enterprises, Inc.
2. The principal office address: 490 Riverside Ave., Merritt Island, FL 32953
3. The mailing address (if different): P.O. Box 5, Ogden, AR 71853
4. Date of incorporation/qualification: 03/25/93 Document number: P93000022916
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)

C. D. Baldwin
490 Riverside Ave.
Merritt Island, FL 32953

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

William R. New
380 Patrick Ave. 321-505-7137
P.O. Box NOT acceptable
Merritt Island, FL. 32953

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DIVISION OF CORPORATIONS
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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

C. D. Baldwin

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

2/27/11

Date

If signing on behalf of an entity:

William Ricks New

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