

P93000083259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Area Auction Services, Inc
Name of Corporation

DOCUMENT NUMBER: P93000083259

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:

Greg Farner
Name of Contact Person
Bay Area Auction Services, Inc
Firm/Company
8010 US Hwy 19 N
Address
Pinellas Park, FL 33781
City/State and Zip Code
info@bayareaauctionservices.com

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

For further information concerning this matter, please call:

Greg Farner at (727) 548-9303
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

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DEPT. OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2024

GREG FOUNER
BAY AREA AUCTION SERVICES, INC.
8010 US HWY 19N
PINELLAS PARK, FL 33781

SUBJECT: BAY AREA AUCTION SERVICES, INC.
Ref. Number: P93000083259

We have received your document for BAY AREA AUCTION SERVICES, 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):

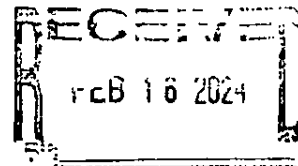
The document is illegible and not acceptable for imaging.

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) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 124A00001304



**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: Bay Area Auction Services, Inc
2. The principal office address: 8010 US Hwy 19 N Pinellas Par, FL 33781

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/23/1993 Document number: P93000083259

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)

James A Byrne

540 4th Street N

St. Petersburg, FL 33701

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

Lisa M Castellano c/o Venable LLP

100 N Tampa St. Ste 2600

P.O. Box NOT acceptable

Tampa FL 33602

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2024 FEB 16 AM 8:57
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

Cecilia Fournier, V.P. Sales
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.

Lisa M. Castellano
Signature of Registered Agent

2/6/24
Date

If signing on behalf of an entity:

Lisa M. Castellano
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)