Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H180001201093)))



H180001201093ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name :

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone

: (954)208-0845

APR 1 6 2018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

18 APR 16 PM 3: 03

SECRETARY OF STATE

ALLAHASSEE. FLOODING

REGISTERED AGENT CHANGE BARMARRAE BOOKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State ofFLOR_	LIDA	
	er to change its registered office or registered agent, or both, in the State of Florida	.	
1. The name of	the corporation: BARMARRAE BOOKS, INC.		
2. The principa	l office address: 3017 NW 62ND TERRACE, GAINESVILLE, FL 32606	<u></u>	
3. The mailing	address (if different): 120 SW 75TH TER, GAINESVILLE, FL 32607		
4. Date of incom	rporation/qualification: 04/03/1995 Document number: P95000027110		
5. The name an	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	1.20 mg* 1.20 mg* 1.20 mg = 1.10 mg	≓
	UPHOLD, CONSTANCE R		2
	3017 NW 62ND TER	ેક્કું ફુંડો સ્કુલ્ડો	
	GAINESVILLE, FL 32606	, les	5
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	A STATE OF THE STA	計 8:3
	C T Corporation System	*##	37
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acceptable		
:	Plantation, Florida 33324		
The street addr as changed will	ress of its registered office and the street address of the business office of its registal be identical.	tered ageni	1,
Such change wanthorized by	ras authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so	
Eni	n Spiwan Erin Spiwan Cuelodian		
	THE OI SU OUNCE OF CHECKOL		
I hereby accep I further agree performance o agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my dulies, and I am familiar with and accept the obligation of my position as reg his document is being filed merely to reflect a change in the registered office addr that the corporation has been notified in writing of this change.	zistered ess, I	
By: CT Co	rporation System 04/16/2018		
Si	gnature of Registered Agent Date		
	chalf of an entity: Brian Mueller ssistant Secretary		
	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 (03/12)