P9500056596

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301

(904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY



CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. B + B O	perationa lhc.	P95-56596	
(Cor	perations hc.	(Document #)	
	poration Name)	(Document #)	
3. (Cor	ooration Name)	(Document #)	
4. (Cor	poration Name)	(Document #)	
Walk in	Pick up time 109	Certified Copy	-
Mail out	Will wait Photocopy	Certificate of Status	

NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		

OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign Limited Partnership Reinstatement	
Fictitious Name		
ame Reservation		

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Evaminar's Tuitials 0

Florida Department of State, Jim Smith, Secretary of State

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

Flori	suant to the provisions of sectida Statutes, the undersigned or ida submits the followed agent, or both, in the	wing statement	in order to change its	or 617.1508, s of the State of registered office
4.0	The name of the corporation	is: <u>B & B Op</u>	erations. Inc.	
ia.	THE HEATTO OF A TO COMPANY			
 1b.	Date of incorporation 7	/17/95	Document nun	nber P95000056596
2.	The name and address of the Steven N. Bronson	e current regis	tered agent and office:	THE SECTION TO
_	201 S. Biscayne Blvd., S	Suite 2950, M	iami, Florida 33131	
3.	The name and address of the (P.O. Box Not Acce	new registere: ptable)	d agent and office:	PA IS
_	United Corporate Service 801 Northeast 167th Str	es, Inc.	O N Miami Beach, F	70° A 5.
of C:	ne street address of its register its registered agent as changuich change was authorized by the	v resolution du	4300000	
Z1 :	1 Ollices 20 activities		Steven N. Bronson, P	resident
_	SIENATURE 10/6/98		Typed or printed nam	ie suo nne
_	DATE		,	
۹ ۱۱ ۸ ۷	HAVING BEEN NAMED AS REPROCESS FOR THE ABOVE SIN THIS CERTIFICATE, I HERINGENT AND AGREE TO ACTIVITH THE PROVISIONS OF APLETE PERFORMANCE OF MY POTHE OBLIGATION OF MY PO	EBY ACCEPT IN THIS CAPA ALL STATUTES AY DUTIES, AN SITION AS RE-	THE APPOINTMENT ACITY. I FURTHER AGI RELATIVE TO THE PRID I AM FAMILIAR WIT GISTERED AGENT. TURE Barr, President 10/8/98	S REGISTERED REE TO COMPLY ROPER AND COM- H AND ACCEPT ed Agent)
			ev 6207 Tallahasi	see FL 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$35.00

CR2E045 (7-91)