

P98000078587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

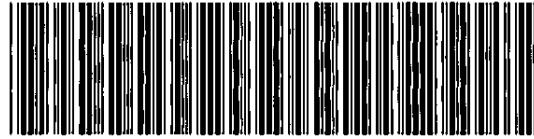
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

fee waived ✓  
gf

RA chg.  
SP

**LAW OFFICES OF HARRIS N. DVORES**

5141 Garlanger Trail

Oviedo, FL 32765

Telephone (407) 365-5242

Facsimile: (407) 365-5066

OUR FILE NO. 1775-2

March 12, 2007

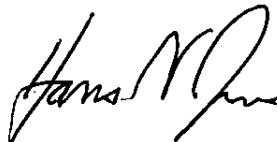
Sean Toner  
Senior Section Administrator  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: B&A Design Studio, Inc.

Dear Mr Toner:

Enclosed please find the documents reflecting my change of address as the corporation's registered agent. Please call me immediately if anything else is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Harris N. Dvores", written in a cursive style.

Harris N. Dvores

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** B&A Design Studio, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000078587

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:

Harris N. Dvores, Esq.  
(Name of Contact Person)

Law Offices of Harris N. Dvores  
(Firm/Company)

5141 Garlanger Trail  
(Address)

Oviedo, FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

Harris Dvores at ( 407 ) 365-5242  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a <sup>n/c</sup> \$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

**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: BBA Design Studio, Inc.  
2. The principal office address: 237 S. Westmonte Dr, Suite 210  
Altamonte Springs, FL 32714  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/31/1998 Document number: P98000078587

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Dvores, Harris N.  
Post Office Box 2177  
Galderon, FL 32733-2177 US

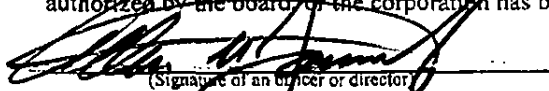
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dvores, Harris N.  
5141 Gorkanger Trail  
(P.O. Box NOT acceptable)  
Oviedo, FL 32765

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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 of the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

LUKE M. BEAUMONT PRESIDENT  
(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)

3/12/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (8/05)