## P98000103266

(Re	(Requestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
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**DEC** - 8 2009

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Black Bear Reserve Equipment Company								
	Name of C				<del></del>			
DOCUMENT NUM	MBER:P98000103266							
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:								
	LeeAnn							
	Name of Cor	ntact Pers	son					
Black Bear Reserve Equipment Company Firm/Company								
	rimi/Co	mpany						
	0440 N. B II	011	0.11.4	20				
-	2110 N. Donnelly Street, Suite 108 Address							
	Mt. Dora,	FI 327	57					
-	City/State ar	d Zip Co	ode		. <u></u>			
	lazaan@a -mail address: (to be used for f	iol.com	nual reno	ort notific	eation)			
L	Than address. (to be ased for i	ataro am	nuai rep	ит потпе	action)			
D 6 4 1 6 4		••						
For further information concerning this matter, please call:								
	eeAnn Carson	at (	352	)	508-4381 e Telephone Number			
Name	e of Contact Person	Aı Aı	rea Code	& Daytim	e Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.								
	Mailing Address:		Street A	Address:				
	Amendment Section		Amend	ment Sec				
	Division of Corporations			n of Corp				
	P.O. Box 6327			Building	; Center Circle			
•	Tallahassee, FL 32314			issee, FL				

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

statement of cha	nge is submitted for a co	orporation organized	97.1508, or 617.1508, Floi under the laws of the State agent, or both, in the State	<sub>e of</sub> <u>Florida</u>
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: Black office address: 2110 N	Bear Reserve	Equipment Comp	J
Mt. Dora, F  3. The mailing a				
4. Date of incorp	oration/qualification:	12/10/1998	Document number:	P98000103266
	street address of the cur tment of State: (If resign		and registered office on fi	le with the
	Mark Carson			
	24525 CR 44A			2009 FAL
	Eustis, FL 32736			TALLAHAA
6. The name and (if changed):	street address of the nev	w registered agent (if	changed) and /or registere	υ ν · · · · · · · · · · · · · · · · · ·
	Mark Carson			9E
	2110 N. Donnelly	Street, Suite 108		
		P.O. Box NOT acco	eptable	
	Mt. Dora, FL 3275	7		<del></del>
The street addre as changed will	ss of its registered office be identical.	ee and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	s authorized by resolut e board, or the corpora	ion duly adopted by tion has been notifie	its board of directors or led in writing of the change	by an officer so e.
Signatur	e of an officer or director		Mark Carson Printed or typed name	Director and title
I further agree to of my duties, and document is being the second of the	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	isions of all statutes d accept the obligat ct a change in the re	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y, d complete performance stered agent. Or, if this hereby confirm that the
great R	nature of Registered Agent		9/23/0	9
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Black Bea	e Reserve Eou	ed Co.		

\* \* \* FILING FEE: \$35.00 \* \* \*

Typed or Printed Name