

Office Use Only

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

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(Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	······································
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger	-
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnersl ☐ Reinstatement ☐ Trademark	· -
	Other	F BROWN NOV 1 9 1999 Examiner's Initials
		Examiner's Initials

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,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation is: Bowles Technologies, Inc.
1. The hame of the corporation is.
2. The mailing address of the corporation is: 1145 SugarTree Drive South
hakelard FL 33503
3. Date of incorporation/qualification: 10/4/1999 Document number: P990000 88406
4. The name and address of the current registered agent and office:
Ton Bowles Ton Bowles
1145 Sugar Tree Dr S
Lakeland, FL 33813
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Holly Bowles
1145 Sugar Tree DRS.
Lakeland, FL 33813
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Holly Bowles President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97)

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314