

4N99000006877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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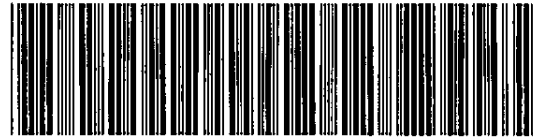
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.M.
8-27-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beth Sar Shalom Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N99000006877

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:

Ben Alpert

Name of Contact Person

Beth Sar Shalom Florida, Inc.

Firm/Company

4731 W Atlantic Ave, Suite B11

Address

Delray Beach, FL 33445

City/State and Zip Code

bethsarshalomflorida@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Blumenthal

Name of Contact Person

at (561) 315-4725

Area Code & Daytime Telephone Number

Enclosed is a \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Beth Sar Shalom Florida, Inc.
2. The principal office address: 4731 W Atlantic Ave, Suite B11
Delray Beach FL 33445
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1999 Document number: N99000006877
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ron Baehr

4731 W Atlantic Ave, Suite B11

Delray Beach, FL 33445

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

Benjamin R. Alpert

834 Sunflow ST

P.O. Box NOT acceptable

Boynton Beach, FL 33436

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

Ron Baehr 7/30/2014
Signature of an officer or director

Ron Baehr

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.

Benjamin R. Alpert
Signature of Registered Agent

8/1/14
Date

If signing on behalf of an entity:

Beth Sar Shalom, Florida
Typed or Printed Name

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

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