

PO30000083815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

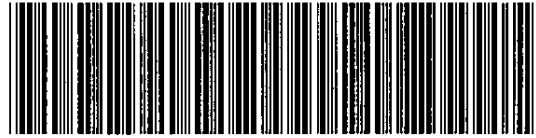
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 421 Financial Services, Inc
Name of Corporation

DOCUMENT NUMBER: P03000083815

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:

Luisa Bracaglia
Name of Contact Person

421 Financial Services
Firm/Company

8927 Hypoluxo Rd, #102, Ste A4
Address

Lake Worth, FL 33467
City/State and Zip Code

madlou21@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa Bracaglia at (754) 264-2711
Name of Contact Person 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

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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 421 Financial Services, Inc /
2. The principal office address: 8927 Hypoluxo Rd, #102, Ste A4
Lake Worth, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/25/2003 Document number: P03000083815

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)

Registered Agents Legal Services, Inc
155 Office Plaza Dr, Ste A
Tallahassee, FL 32301

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

Mitchell A. Dinkin, P.A.
3960 Hypoluxo Road, Ste 202
P.O. Box NOT acceptable
Boynton Beach, FL 33436

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

Luisa Bracaglia
Signature of an officer or director

Luisa Bracaglia, 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]
Signature of Registered Agent

9/18/09
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