

P10000026901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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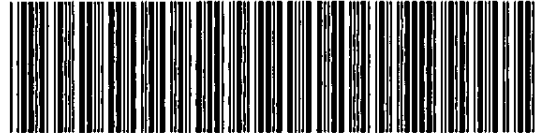
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 15 2012

C. MUSTAIN

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Select Financial Services, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 910000026901

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:

Timothy Geary  
Name of Contact Person

Select Financial Services  
Firm/Company

14020 Roosevelt Blvd Ste 805  
Address

Clearwater, FL 33762  
City/State and Zip Code

tgeary@goselectfinancial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Geary at ( 727 ) 422-0249  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Select Financial Services, Inc
- 2. The principal office address: 14020 Roosevelt Blvd Ste 805  
Clearwater, FL 33762
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/26/2010 Document number: P10000026901

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)

Timothy W. Geary  
4207 S. Dale Mabry Hwy #11301  
Tampa, FL 33611

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

Timothy W. Geary  
4520 W. Oaklark street #130398  
P.O. Box NOT acceptable  
Tampa, FL 33611

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.

Timothy W. Geary  
Signature of an officer or director

Timothy W. Geary  
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.

Timothy W. Geary  
Signature of Registered Agent

4/2/2010  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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