L09000103040

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

SEP - 7 2011

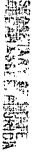
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
	est PCS, LLC - ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Oksana Aminov Name of Person		
Best PCS, LLC Firm/Company		
8000 South US 1, Suite 302 Address	<u> </u>	
Port St Lucie, FL 34952 City/State and Zip Code		
bestpcs1@gmail.com E-mail address: (to be used for future annual report notific	ration)	
For further information concerning this matter, p	please call:	
Oksana Aminov at		
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Best PCS, LLC	
2. (a) Principal office address of limited liability company	y: 8000 S. US 1, Suite 302,	
(Note: MUST BE STREET ADDRESS)	Port St Lucie, FL 34952	
(b) Mailing address of limited liability company:	Thesameascompany	
(Note: MAY BE POST OFFICE BOX)		
08/30/2011	L09000103040	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Ivanov, Pavel	
Registered Office Address:	100 E. Lincoln Blvd, STE 110-B Delray Beach, FL 33483	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Bernard Spooner	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13952CedroCT,	
	Ft. Pierce ,FL34951	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization and the articles of organization and the articles of organization and the articles of organization are the articles of organization and the articles of organization are the articles organization are the articles organization are the articles organization are the articles of organization are the articles	
Signature of a member or authorized representative of a member		
Printed or typed name of signed		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company when I have the limited liability company.	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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