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## **COVER LETTER**

Division of Corporations BEST RESULTS GROUP LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Phillip Svehla Name of Person Firm/Company 3837 N Andrews Ave. Address Oakland Park, FL 33309 City/State and Zip Code thebestresultco@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip Svehla Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Registration Section

TO:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

I. Na	me of the limited liability company: BEST RESU	LIS GRO	DUP LLC
2. (a)	3837 N Andrews Ave.	(b)	PO BOX 2263
` ,	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	( <u>Note: MUST BE STREET ADDRESS</u> ) Oakland Park FL 33309		Ft. Lauderdale FL 33303
	Odkidila Park FL 33309		Ft. Lauderdale FL 53303
	01-22-2013	L	13000011059
3.	Date of filing/registration in Florida	4.	Document number
i. (a)	Phillip Svehla		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	2450 Hollywood Blvd 303B		
	Hollywood	33020	
	, FI	Lu	<del></del>
(b)	Phillip Svehla		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:
	NEW Registered Office Address:		
	3837 N Andrews Ave.		
		<u> </u>	
	Oakland Park	L33309	
he cha gent v vas/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vili be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members closed organization or the operating agreement of the	iws of the S f the regist iability cor of the limi e limited li	ered office and the business office of the registere npany, it is hereby confirmed that the change(s) red liability company or as otherwise provided in
Bignat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o merc notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change	ree to act . e performa ed for in C hereby co.	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been