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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SAFARA GROUP INC.  Name of Corporation
DOCUMENT NUMBER: L 95140
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:
LARAINE J. WIGHT  Name of Contact Person
Name of Contact Person
SAFARI GROUP INC
Firm/Company
2020 N.W. 25th Ave
Address
POMPANO BEACH, FL 33069 City/State and Zin Code
City/State and Zip Code
LARAINEWIGHT@ MSN. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LARMNE J. WIGHT at (954) 564-0059  Name of Contact Person Area Code & Daytime Telephone Number
. Area code de 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

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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: THE SAFARI GROUP, INC.
2. The principal office address: 2020 N.W. 25 <sup>th</sup> AVE
POMPANO BEACH FL 33069
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 8/22/1990 Document number: L 95/40
·
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)
NICK WIGHT 2020 N.W. 25th Ave
2020 N.W. 25th Ave
POMPANO BCH FL 33069
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LARAINE J. WIGHT
(if changed):  LARAINE J. WIGHT  2020 NW 25th Ave  P.O. Box NOT acceptable  POMPANO BUH FL 33069
P.O. Box NOT acceptable
POMPANO BCH FL 33069
The street address of its registered office and the street address of the business office of its registered agent.
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.
Mught LARAINE J. WIGHT PRESIDENT
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.
Munder 8/24/09
Signature of Registered Agent   Date
If signing on behalft of an entity:
Typed or Printed Name

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