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DIVISION OF CORPORATIONS
2003 MAY 30 PM 12:54

RA Change

05/30/03

Dr

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Positive Solutions of Broward County Inc.
(Name of corporation)

DOCUMENT NUMBER: N03000001054

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:

Lydzamadia Vargas
(Name of person)

Positive Solutions of Broward County Inc.
(Name of firm/company)

3213 N. Ocean Blvd. Suite # 6
(Address)

Ft. Lauderdale, Florida, 33305
(City/state and zip code)

For further information concerning this matter, please call:

Lydzamadia Vargas, President at (954) 566-9272
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 21, 2003

LYDZAMADIA VARGAS
POSITIVE SOLUTIONS OF BROWARD COUNTY INC
3213 N. OCEAN BLVD. SUITE #6
FT. LAUDERDALE, FL 33305

SUBJECT: POSITIVE SOLUTIONS OF BROWARD COUNTY, INC.
Ref. Number: N03000001054

We have received your document for POSITIVE SOLUTIONS OF BROWARD COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.
- ✓ The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 703A00031719

**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: Positive Solutions of Broward County, Inc.
2. The principal office address: 3213 N Ocean Blvd. Suite # 6 Ft. Lauderdale Fl. 33308
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 02/07/2003 Document number: N03000001054

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Paul E. Ray

3213 N. Ocean Blvd. Suite # 6

Ft. Lauderdale FL. 33308

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

Lydzamadia Vargas

3213 N, Ocean Blvd. Suite # 6

(P.O. Box or personal mailbox NOT acceptable)

Ft. Lauderdale FL. 33308

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.

Lydzamadia Vargas, President
(Signature of an officer, chairman or vice chairman of the board)

Lydzamadia Vargas, 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.*

Lydzamadia Vargas
(Signature of Registered Agent)

5/27/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS
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