

NO3000002484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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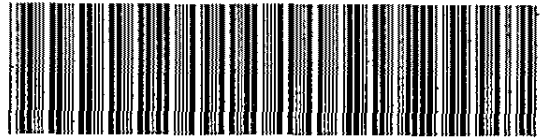
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Rd/Change
10 9.27.04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POSTIVE SOLUTIONS A RECOVERY ZONE INC
(Name of corporation)

DOCUMENT NUMBER: N03000002484

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 contact person)

POSITIVE SOLUTIONS A RECOVERY ZONE INC

(Firm/Company)

410 NW 65TH TERRACE

(Address)

MARGATE, FL. 33063

(City/state and zip code)

For further information concerning this matter, please call:

LYDZAMADIA VARGAS

(Name of contact person)

at (954)

775-6212

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 4, 2004

LYDZAMADIA VARGAS
POSITIVE SOLUTIONS A RECOVERY ZONE, INC.
410 NW 85TH TERRACE
MARGATE, FL 33063

SUBJECT: POSITIVE SOLUTIONS A RECOVERY ZONE, INC.
Ref. Number: N03000002484

We have received your document for POSITIVE SOLUTIONS A RECOVERY ZONE, 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):

Registered agent signature is required on the document.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 904A00048555

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04 SEP 22 AM 10:21
DIVISION OF CORPORATIONS

**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 A RECOVERY ZONE INC

2. The principal office address: 410 NW 65TH TERRACE MARGATE FL 33063

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 03/21/04

Document number: 03000002484

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

LYDZAMADIA VARGAS

3213 N. OCEAN BLVD

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

410 NW 65TH TERRACE

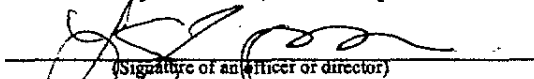
(P.O. Box NOT acceptable)

MARGATE FL 33063

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TALLAHASSEE, FLORIDA

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.


(Signature of an officer or director)

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.


(Signature of Registered Agent)

06/07/2004

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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