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(Ade	dress)	
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TABLE ANALYSIS FOR THE FRIENDS

C. LEWIS

MAY 6 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations			
A Better Life Rescue, Inc. Name of Corporation			
DOCUMENT NUMBER: N1000007635			
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:			
Louis Jerry Cohn Name of Contact Person			
Louis J. Cohn, P.A, Esq			
6635 W. Commercial Blvd, Suite 214			
Tamarac, Florida 33319 City/State and Zip Code			
ljclawfirm@aol.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Louis J. Cohn, P.A Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person			
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

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 Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flor	lorida	
1. The name of the corporation: A Better Life Rescue, Inc.		
2. The principal office address: 15757 Pines Blvd, #309 Pembroke Pines Florida 33027		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/10/2010 Document number: N100000	007635	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the .	
Ricardo Porras, CPA, PA	- -	ھيـ
13392 S.W 34 Street		4 APR
Miami, Fl 33175	基第	R 28
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Louis Jerry Cohn		PH 3: 36
6635 W Commercial Blvd, Suite #214	3.	
P.O. Box NOT acceptable		
Tamarac, Florida 33319		
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent	•
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board or the corporation has been notified in writing of the change.	icer so	
Cira M. Leslie, President		
Signature of an officer of director 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 comple performance of my duties, and I am familiar with and accept the obligation of my position as agent. Or, if this document is being filed merely to reflect a change in the registered office a hereby confirm that the corporation has been notified in writing of this change. Out Office a decided by the composition of the compos	ete s registered address, I	
If signing on behalf of an entity:		
LOUIS JERRY COHN Typed or Printed Name		

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