

PO1000092034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

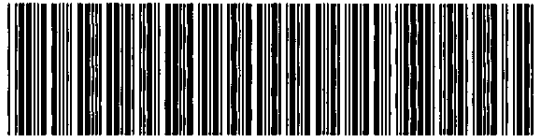
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07 OCT 22 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 20 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2007

RISA MAISNER  
ALL COUNTY FINANCIAL SERVICES, INC.  
722 RIVERSIDE DR  
CORAL SPRINGS, FL 33071

SUBJECT: ALL COUNTY FINANCIAL SERVICES, INC.  
Ref. Number: P01000092034

We have received your document for ALL COUNTY FINANCIAL SERVICES, 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):-

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 807A00057461

RECEIVED  
2007 OCT 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All County Financial Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000092034

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:

Risa E. Maisner  
(Name of Contact Person)

All County Financial Services, Inc.  
(Firm/Company)

722 Riverside Drive  
(Address)

Coral Springs, Florida 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

Risa E. Maisner at ( 954 ) 444-9546  
(Name of Contact 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  
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 Statutes, this 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 Florida.

1. The name of the corporation: All County Financial Services, Inc  
2. The principal office address: 3110 N Federal Hwy  
Lighthouse Point, FL 33064  
3. The mailing address (if different): Same  
4. Date of incorporation/qualification: 9-20-06 document number: PO1000012034  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Risa E. Maisner

722 Riverside Drive

Coral Springs, Florida 33071

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

Risa E. Maisner

3310 North Federal Highway

(P.O. Box NOT acceptable)

Lighthouse Point, Florida 33064

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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.

Risa E. Maisner  
(Signature of an officer or director)

Risa E. Maisner

(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)

(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

CR2E045 (8/05)