## P01000120943

(Requestor's Name)		
SAFETYNET FINANCIAL SOLUTIONS, INC. P.O. Box 268750 Weston, Florida 33326		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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FILED

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 8, 2004

SAFETYNET FINANCIAL SOLUTIONS, INC. P.O. BOX 268750 WESTON, FL 33326

SUBJECT: SAFETYNET FINANCIAL SOLUTIONS, INC.

Ref. Number: P01000120943

We have received your document for SAFETYNET FINANCIAL SOLUTIONS, 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.

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: 004A00001354

Any question, call 954/888-6699 ... Leave a message if there is no answer. I will return your call.

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that we could your droughed, along win a copy of this latter, within 60 days or

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1. undersigned corporation organized under the laws of the State of	
Submits the following statement in order to change its registered of	
State of Florida.	. 1 0 1 1 7
1. The name of the corporation: Safety Net Finan	icial Solutions, Inc.
2. The mailing address of the corporation: P.O. Box 2	168 150
Weston, F	L 33326
3. Date of incorporation/qualification: Dec. 26, 2001 Do	ocument number: P01000120943
4. The name and address of the current registered agent and register	red office:
Jonatha Simon	
2014 - Famile - Run Girche	5100 N.W. 33-d Ave, Suite 24
Wings on 1 16 1 13 3 8 13 13	Fort Layd., FL 33309
5. The name and address of the new registered agent (if changed) a	nd /or registered office (if changed):
Tonatha Simon Register	ed Agent remains same / Jonatha Si-
2534 Eagle Run Circ	
Weston, FL 33327	
The street address of its registered office and the street address of	of the business office of its registered
agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its be authorized by the board.	oard of directors of by all officer so
Jorasha Simin	12/29/03
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Jonatha Simon President	
(Printed or typed name and title)  Having been named as registered agent and to accept service of	f process for the above stated
corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent.	it and agree to act in this capacity. tive to the proper and complete
Consitta Simin	12/29/03
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	94. 4.C.
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	
CR2E045(8/99)	PED PED
DIVISION OF CORPORATIONS P.O. Box 6327	TALLAHASSEE, FL 32314