

P01000120943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

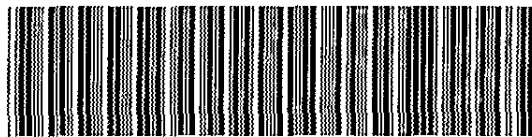
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400012956394

02/26/03--01029--017 \*\*35.00

FILED  
03 FEB 26 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

3/3

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

CHANGE OF REGISTERED AGENT {

SUBJECT: Safety Net Financial Solutions, Inc.  
(Name of corporation)

DOCUMENT NUMBER: EIN # 01-0577934

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:

Jonatha Simon  
(Name of person)

Safety Net Financial Solutions, Inc.  
(Name of firm/company)

5100 N.W. 33 Ave. Suite 247  
(Address)

Fort Lauderdale, FL 33309  
(City/state and zip code)

For further information concerning this matter, please call:

Jonatha Simon at ( 954 ) 485-8100  
(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

**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: Safety Net Financial Solutions, Inc.  
2. The principal office address: 5100 NW 33rd Ave, Suite 247  
Fort Lauderdale, FL 33309  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/26/01 FIN 11 Document number: 01-0577934

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

Filings, Inc.

3732 NW 16th Street

Fort Lauderdale, FL 33311

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

Jonatha Simon

5100 NW 33rd Ave, Suite 247

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

Fort Lauderdale, FL 33309

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.

Jonatha Simon Pres.  
(Signature of an officer, chairman or vice chairman of the board)

Jonatha Simon, 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.*

Jonatha Simon  
(Signature of Registered Agent)

2/19/03  
(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

03 FEB 26 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED