

P02000015175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

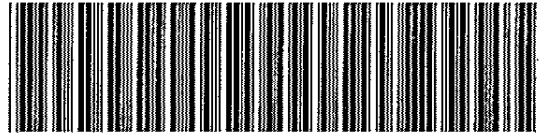
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800059019808

*RA Change
T. Lewis*

08/31/05--01005--004 **35.00

SECRETARY OF STATE
TALAMON, FLORENCE

05 AUG 29 PM 3:12

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TURNKEY CONCEPTS, INC.
(Name of corporation)

DOCUMENT NUMBER: P02 000015175

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:

MARC GEFTMAN
(Name of contact person)

TURNKEY CONCEPTS, INC.
(Firm/Company)

5435 SEALINE BLVD.
(Address)

GREENACRES, FL 33463
(City/state and zip code)

For further information concerning this matter, please call:

MARC GEFTMAN at 561 868-0802
(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
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: TURNKEY CONCEPTS, INC.
2. The principal office address: 5435 SEALINE BLVD.
GREENACRES, FL 33463
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2/4/02 Document number: RO2000015175
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RICHARD C. ENTIN, ESQ.
4300 N. UNIVERSITY DR.
FT. LAUDERDALE, FL 33351

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

MARC GFTMAN
5435 SEALINE BLVD.
(P.O. Box NOT acceptable)
GREENACRES, FL 33463

FILED
05 AUG 29 PM 3:12
SECRETARY OF STATE
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)

MARC GEFTMAN PRES/CEO
(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)

8/25/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314