

PD30000411432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

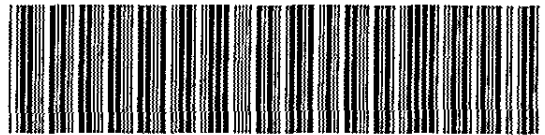
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400021347204

07/09/03--01035--006 **35.00

四三二一

03 JUL -9 AM 8:53

STATE
FLORIDA
MILWAUKEE, FLORIDA

L.A. Jax
MD 7/11/18

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cyber Financial Services
(Name of corporation)

DOCUMENT NUMBER: P3000041432

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:

Kevin Allen
(Name of person)

Cyber Financial Services
(Name of firm/company)

PO Box 812256
(Address)

Boca Raton FL 33451
(City/state and zip code)

For further information concerning this matter, please call:

Kevin Allen at 561 394-4016
(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: CYBER FINANCIAL SERVICES INC
2. The principal office address: 160 W. Camino Real #241
Boca Raton FL 33432
3. The mailing address (if different): PO Box 812256
Boca Raton FL 33481
4. Date of incorporation/qualification: 04/14/03 Document number: P30000041432
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jay Slayer
160 W. Camino Real #241
Boca Raton FL 33432

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

Kevin Allen
160 W. Camino Real #241
Boca Raton FL 33432
(P.O. Box or personal mailbox NOT acceptable)

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.

Kevin Allen
(Signature of an officer, chairman or vice chairman of the board)

Kevin Allen 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.

Kevin Allen
(Signature of Registered Agent)

6/18/03
(Date)

If signing on behalf of an entity:

Kevin Allen
(Typed or Printed Name)

President
(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

FILED
03 JUL -9 AM 8:53
TALLAHASSEE, FLORIDA