

PD3000050883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

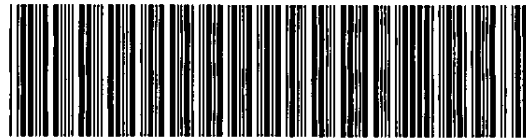
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

C.M.  
7/30/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Best Industries, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P03000050883

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:

Craig B. Cotler

Name of Contact Person

Craig Brian Cotler, Chartered

Firm/Company

800 W. Cypress Creek Rd. #502

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

cotlerlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig B. Cotler

Name of Contact Person

at ( 954 ) 475-8822

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

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14 JUL 16 AM 3:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: Best Industries, Inc.
2. The principal office address: 7485 Commercial Circle, Ft. Pierce, FL 34951
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 7, 2003 Document number: P03000050883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Otto G. Wild - resigned

7485 Commercial Circle

Ft. Pierce, FL 34951

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

Robert J. Wild

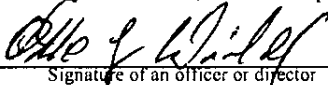
7485 Commercial Circle

P.O. Box NOT acceptable

Ft. Pierce, FL 34951

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

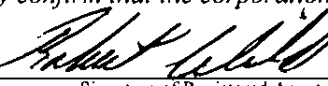
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Otto G. Wild, 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

June 30, 2014  
\_\_\_\_\_  
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 (03/12)

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14 JUL 14 AM 3:42  
STATE OF FLORIDA  
TALLAHASSEE