P03000083815

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)	~	
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COVER LETTER

TO: Amendment Sec Division of Cor	ction porations			
SUBJECT:	421 Financial S	Services, Inc		
•	Name of (Corporation		
DOCUMENT NUMBE	ER:P03	000083815		
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitted for fi	iling.	
Please return all corresp	ondence concerning this matte	er to the following:		
-	Luisa E	Bracaglia ontact Person	_	
	Name of Co	ontact Person .		
	421 Financ	cial Services		
Firm/Company				
<u></u>	8927 Hypoluxo	Rd, #102, Ste A4		
	Ade	dress		
, , , , , , , , , , , , , , , , , , , 				
Lake Worth, FL 33467 City/State and Zip Code				
City/state and Zip Code				
madlou21@comcast.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	. D	754		
	a Bracaglia Contact Person	at (754) 264 Area Code & Daytime Telep	h-2/11 phone Number	
		,		
Enclosed is a \$35.00 che	eck made payable to the Depa	rtment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporation	ons	
	P.O. Box 6327	Clifton Building 2661 Executive Center	r Circle	
	Tallahassee, FL 32314	Tallahassee, FL 32301		

TQ:

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 421 Financial Services, Inc. 2. The principal office address: 8927 Hypoluxo Rd, #102, Ste A4 Lake Worth, FL 33467
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/25/2003 Document number: P03000083815
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)
Registered Agents Legal Services, Inc
155 Office Plaza Dr, Ste A
Tallahassee, FL 32301
Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Mitchell A. Dinkin, P.A. 3960 Hypoluxo Road, Ste 202 P.O. Box NOT acceptable
Mitchell A. Dinkin, P.A. 3960 Hypoluxo Road, Ste 202 P.O. Box NOT acceptable
Boynton Beach, FL 33436
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 Luisa Bracaglia, 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.
Signatural Og Registered Agent Pate 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 (8/05)