(Rec	uestor's Name)	
(Add	lress)	
•	·	
(Add	iress)	
(City	/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL MAIL
/Pue	iness Entity Nam	201
eua)	mess Endty Nan	iej
(Document Number)		
Certified Copies	_Certificates	of Status
, .		
Special Instructions to F	iling Officer:	
-		
		ŀ

Office Use Only



300060806153

10/24/05--01051--008 \*\*35.00

RA address Chg.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MOMAS Berriew Becks, INC. (Name of Corporation)
DOCUMENT NUMBER: P03 0000 99474
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:
Mame of Contact Person)
Thomas Berrien Becks, INC. (Firm/Company)
19009 SE Old TRAIL DR. W. (Address)
Jupiter FL. 33478  (City/State and Zip Code)
For further information concerning this matter, please call:
Dana Serio at (561) 307-4166 (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  Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## 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: Thomas Berriew Becks, INC.
2. The principal office address: 19009 SE Old Teail DR. W. 3. The mailing address (if different):
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/11/03 Document number: P03 0000 994 7
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Thomas Becks
113 Bent Arrow Dr. Unit #D
Jupiter, FL 33458
6. The name and street address of the new registered agent (if changed) and /or registered office  (if changed):  Change of Address  Address
Thomas Becks  19009 SE Old TRAIL DR. W.  (P.O. BOX NOT acceptable)  TUpiter, FL. 33478
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.
Dana Serio VP Dana Serio VP (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.
Momas CC CEO Oct 19 2005 (Signature of Registered Agent)
If signing on behalf of an entity:
Thomas Becks (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)