## P 03000 107272

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## **COVER LETTER**

SUBJECT: benjamin 4 michaels in C  DOCUMENT NUMBER: P03000 107272  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:  Steve howard  (Name of contact person)  Denjamin 4 michaels inc  (Firm/Company)  Losson Payerine d. #404  For further information concerning this matter, please call:	TO: Amendment Section Division of Corporations
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:  Steve howard  (Name of contact person)  benjaming 4 michaels, inc  (Firm/Company)  LOSSS n Querline rd. #404  Address)  For further information concerning this matter, please call:	SUBJECT: benjamin + michaels, inc
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:  Steve howard  (Name of contact person)  benjamin 4 michaels, inc  (Firm/Company)  LOSSS n powerline rd. #404  For further information concerning this matter, please call:	DOCUMENT NUMBER: 003000 107272
Steve howard  (Name of contact person)  benjamin 4 michaels, inc  (Firm/Company)  LOSSS n pawerline rd. #404  ft. lauderdale, ft 33309  (City/state and zip code)  For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
(Name of contact person)  benjamin 4 michaels, inc  (Firm/Company)  (S555 n payerline rd. #404  fl. lauderdale, fl 33309  (City/state and zip code)  For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
LESSE nowerline rd. #404  Landerdale, fl 33309  (City/state and zip code)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:  General Description (Address)  (City/state and zip code)  (City/state and zip code)  (City/state and zip code)	benjamin & michaels, inc
(City/state and zip code)  For further information concerning this matter, please call:  (April 200 1071	6555 n powerline rd. #404
abre hound and 1071	ft. lauderdale, fl 33309 (City/state and zip code)
abre hound and 1971	For further information concerning this matter, please call:
(Name of contact person) (Area code & daytime telephone number)	Stre houard at (954) 229-1971 (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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: benjamin 4 michaels in copora-
2 The principal office address: U 555 n. power line rd. #404  +1. lauderdale, fl 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 9130103 Document number: p0300010727
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
wade m. murphy
4555 n powerline rd. #404
ft. lauderdale, fl 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
steve howard
6555 n powerline rd #40# = =
ft. lauderdale, fl 33309 FSS F
The street address of its registered office and the street address of the business office of its registered 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 Wicer or director)  Wade m. murphy  (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 beingfilled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signatule of Registered Agent)  1 07104  (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314