

FD 3000120987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

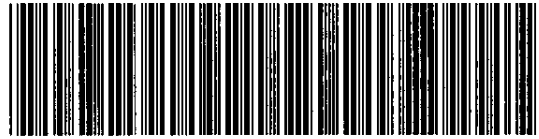
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Change

Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST RATES FINANCIAL INC.
Name of Corporation

DOCUMENT NUMBER: P 0 3 0 0 1 2 0 9 8 7

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:

Don Jenkins
Name of Contact Person

BEST RATES FINANCIAL
Firm/Company

P.O. Box 55648
Address

St Petersburg FL 33732
City/State and Zip Code

DON.JENKINS@DolphinData.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Jenkins at (727) 523-5464
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
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

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.

Change

- 1. The name of the corporation: BEST RATES FINANCIAL, INC.
- 2. The principal office address: 3848 CENTRAL AVE
ST PETERSBURG FL 33711
- 3. The mailing address (if different): P.O. Box 55640
ST PETERSBURG, FL 33732
- 4. Date of incorporation/qualification: 10/28/03 Document number: P03000120987
- 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)

DONALD JENKINS
204 BRAEM DR NE #12
ST PETERSBURG, FL 33701

Change

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- DONALD JENKINS
3848 CENTRAL AVE
P.O. Box NOT acceptable
ST PETERSBURG, FL 33711

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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]
 Signature of an officer or director

DONALD D. JENKINS
 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]
 Signature of Registered Agent

Nov 4, 2009
 Date

If signing on behalf of an entity:
DONALD D. JENKINS
 Typed or Printed Name

*** FILING FEE: \$35.00 ***