## P04000155661

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SECRETARY OF STATE
ANASSEE, FLORIDA

A. Charge

## **COVER LETTER**

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	s submitted for a c	corporation organi	2, 607.1508, or 617.15 zed under the laws of t	the State of	Florida	
in order to c	hange its registere	ed office or registe	red agent, or both, in t	the State of Flor	īda.	
1. The name of the co	rporation:	A BETTER BO	ORDER, INC.			
2. The principal office address: 3880 NW 97 Ave  Hollywood, F( 33024						
		Hollywoo				
3. The mailing addres	s (if different):					
4. Date of incorporation	on/qualification: _	11/15/04	Document number	er: <u>P040001</u>	55661	
5. The name and stree Florida Department		ırrent registered ag	ent and registered offi	ce on file with the	ne	
	Brian Tha	yer			<b>5</b> ~	
	3880 NW 9	7 Avenue			05 ) (C.F.	
	Hollywood	, FL 33024			HAS	
6. The name and stree (if changed):	t address of the ne	ew registered agent	(if changed) and /or r	egistered office	ILED T AM S SEE. FLO	
	Hassan Dal	kroub			8: 15	
	3910 NW 9				, O,	
		). Box NOT acceptable)				
	<u>-</u>	ty, FL 33024				
The street address of as changed will be ide	its registered officentical.	ce and the street a	ddress of the busines.	s office of its re	gistered agent,	
Such change was authorized by the boa	norized by resolut ard, or the corpora	tion duly adopted ation has been not	by its board of direct ified in writing of the	ors or by an off	icer so	
2600	officer or director)		Hassan Printed or	) DAKA	30013	
I hereby accept the ap I further agree to com of my duties, and I an document is being file corporation has been	·	gistered agent and visions of all statu ad accept the oblig ct a change in the ug of this change.	l agree to act in this c tes relative to the pro gation of my position registered office add	capacity oper and comple as registered as fress, I hereby co	te performance zent. Or, if this onfirm that the	
240 4	h				11-4-05	
(Signatule	of Registered Agent)			(Date)		
If signing on behalf o	f an entity:					
(Typed or	Printed Name)					
	*	* * FILING FE	E: \$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)