

P05000026412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

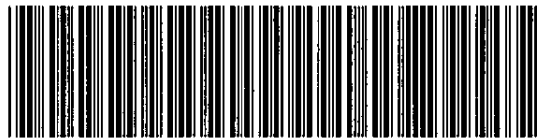
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Corrected document
by telephone call
th 2/10/09

Office Use Only



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DIVISION OF CORPORATIONS
09 FEB -9 AM 9:34

T. Roberts FEB 10 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2009

RICHARDSON JOSEPH
FLORIDA BEST CHOICE REALTY
4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319

SUBJECT: FLORIDA BEST CHOICE REALTY, INC.
Ref. Number: P05000026412

We have received your document for FLORIDA BEST CHOICE REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 909A00003411

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 FEB -9 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA BEST CHOICE REALTY
(Name of Corporation) +

DOCUMENT NUMBER: P05000026412

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:

RICHARDSON JOSEPH
(Name of Contact Person)

FLORIDA BEST CHOICE REALTY
(Firm/Company)

4700 N. STATE RD 7 BLDG A STE 112
(Address)

LAUDERDALE LAKES, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARDSON JOSEPH at (954) 667-0612
(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.

1. The name of the corporation: FLORIDA BEST CHOICE REALTY, INC.
2. The principal office address: 4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/21/05 Document number: P05000026412

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)

Richardson Joseph
10505 Marsh Street
Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richardson Joseph
4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319
(P.O. Box NOT acceptable)

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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.

Richardson Joseph
(Signature of an officer or director)

RICHARDSON JOSEPH/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.

Richardson Joseph
(Signature of Registered Agent)

2/6/09
(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)