

PD5000/33043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

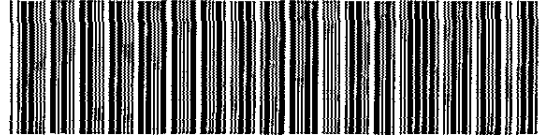
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business Ventures Diversified Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000133043

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:

Elizabeth Jones  
(Name of Contact Person)

Business Ventures Diversified Inc.  
(Firm/Company)

5030C East Linebaugh Ave  
(Address)

Tampa, Florida 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Jones at ( 813 ) 472-1864  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

ELIZABETH JONES  
BUSINESS VENTURES DIVERSIFIED INC.  
503OC EAST LINEBAUGH AVENUE  
TAMPA, FL 33617

SUBJECT: BUSINESS VENTURES DIVERSIFIED INC.  
Ref. Number: P05000133043

We have received your document for BUSINESS VENTURES DIVERSIFIED INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6908.

SYLVIA GILBERT  
Document Specialist

Letter Number: 406A00014744

RECEIVED  
06 MAR 10 AM 8:00  
DIVISION OF CORPORATIONS

**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: Business Ventures Diversified
2. The principal office address: 5030C East Linebaugh Ave, Tampa, Florida 33617
3. The mailing address (if different): same
4. Date of incorporation/qualification: September 28, 2005 Document number: PO5000133043
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

12421 N. Florida Ave, Ste 212

Tampa, Florida 33612

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

5030C East Linebaugh Ave.

Tampa, Florida 33617

(P.O. Box NOT acceptable)

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.

Elizabeth Jones  
(Signature of an officer or director)

Elizabeth Jones - 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.*

(Signature of Registered Agent)

(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)

**FILED**  
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