P05000165575

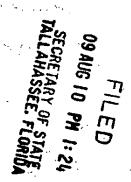
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
. (Do	ocument Number)	· ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Cor	porations			
SUBJECT:	#1 BUSINESS SE	RVICES, INC		
	Name of C	Corporation		
DOCUMENT NUMBI	ER:P05	000165575		
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submi-	tted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:		
	RANDI E. Name of Co	FORDHAM ntact Person		
_	#1 BUSINESS : Firm/C	SERVICES, INC		
		UFF AVE S		
		LE, FL 32205 nd Zip Code		
NUMBRONE@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:		
RAND	I E.FORDHAM	at (904)	387-1172	
	f Contact Person	at (<u>904</u>) Area Code & Dayti	ime Telephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Se Division of Co Clifton Buildi 2661 Executiv Tallahassee F	ection orporations ng ve Center Circle	

TO: Amendment Section

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: #1 BUSINESS SERVICES, INC	
2. The principal office address: 1241 MCDUFF AVE S	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/21/05 Document number: P0500016557	75
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)	
SCOTT B. FORDHAM	
1241 MCDUFF AVE S	
JACKSONVILLE, FL 32205	09
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	NE 10
RANDI E. FORDHAM	3
1241 MCDUFF AVE S	. 2
P.O. Box NOT acceptable	; · = ,
JACKSONVILLE, FL 32205	
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
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.	
RANDI E. FORDHAM Signature of In officer or director RANDI E. FORDHAM 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	ance f this t the
Kardi & Foodles 08/01/09	
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