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RA. Change C.COULLIETTE

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EXAMINER

COVER LETTER

SUBJECT: SOUTH FLORIDA FINANCIAL STRATEGIES, INC.			
Name of Corporation			
DOCUMENT NUMBER: P07800082361			
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:			
STEVEN W. ARCHER Name of Contact Person			
SOUTH FLORISA FINANCIAL STRATEGIES, INC. Firm/Company			
Firm/Company			
11555 HERON BAY BLVD. SUITE 200			
CORAL SPANS, FL 33076 City/State and Zip Code			
Stores archarly Quality Com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Present ARCHER 417 678-1542			
Name of Contact Person at (917) 673-8542 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Amendment Section 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Journ FLOMON FINANCIA GRAVESIES, INC.
2. The principal office address:
Coval Springs, Fl 33876
3. The mailing address (if different): SAme
4. Date of incorporation/qualification: Document number: Popos 82361
 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)
Steven W. Aucher
2500 N. Military Trail Ste 300
Boca Raton Fl 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RITE 200 BAY BOULEVALD NEW SO
P.O. Box NOT acceptable P.O. Box NOT acceptable
COMAL SPMNGS, FL 33076
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, of the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director 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.
1/5/10
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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