

P08000110368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

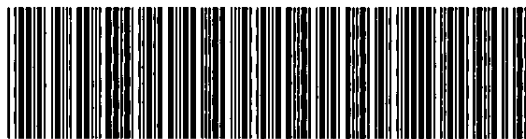
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 11 AM 9:45

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B.A. Change

TB

DEC 16 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CEO FINANCIAL SERVICES  
Name of Corporation

**DOCUMENT NUMBER:** P08000110368

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:

CAROL O'NEIL  
Name of Contact Person

CEO FINANCIAL SERVICES  
Firm/Company

8461 Lake Worth Rd., Ste 129  
Address

Lake Worth, FL 33467  
City/State and Zip Code

Carol@ceofinancialservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL O'NEIL at ( 561 ) 389-1227  
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: CEO FINANCIAL SERVICES
2. The principal office address: 8461 LAKE WORTH RD. STE 129  
LAKE WORTH, FL 33467
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 12/23/2008 Document number: P08000110368
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)

CAROL O'NEIL  
12773 W. FOREST HILL BLVD STE 1201  
WELLINGTON, FLORIDA 33414

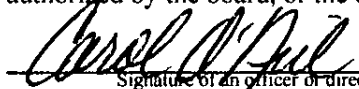
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CAROL O'NEIL  
8461 LAKE WORTH RD. STE 129  
LAKE WORTH FLORIDA 33467

P.O. Box NOT acceptable

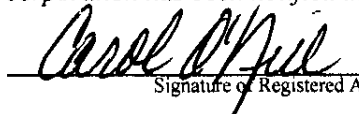
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

CAROL O'NEIL, 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

12/7/09  
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  
CR2F045 (8/05)

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TALLAHASSEE, FLORIDA