709000011567

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Duciness Full Manne)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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MR MISON

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Pinnacle Business	Servic	es, Inc				
	Name of C	orporation	n				
DOCUMENT NUMBER:_	UMBER:P09000011567						
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:							
Ross E Beasley							
	Name of Contact Person						
Pinnacle Business Services, Inc.							
Firm/Company							
	828 Pembroke Road # 1						
	Address						
Hallandale Beach, FL 33009-2157							
City/State and Zip Code							
ross@oturneronline.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Poes F I	Rogelov		954	\ AEE 6409			
Name of Cont	act Person	at (Ar	ea Code d) 455-6408 & Daytime Telephone Number			
				•			
Enclosed is a \$35.00 check made payable to the Department of State.							
Мяil	ing Address:		Street A	.ddress:			
Amendment Section			Amendment Section				
	sion of Corporations			n of Corporations			
	Box 6327			Building			
Tallahassee, FL 32314			2661 Executive Center Circle				

Tallahassee, FL 32301

FOR CORPORATIONS							
•	-		07.1508, or 617.1508, Fla lunder the laws of the Stat				
in order to change its registered office or registered agent, or both, in the State of Florida.							
1. The name of the	corporation: Pinna	cle Business S	Services, Inc.				
• •	ice address: 828 Pe		1				
Hailandale Be	each, FL 33009-2	157	· <u> </u>				
3. The mailing addr	ess (if different): 80°	NW 36 Terrace	9				
Fort Lauder	rdale, FL 33311-6	456					
4. Date of incorpora	ation/qualification:	2/04/2009	_ Document number:	P09000011567			
	eet address of the current of State: (If resigne		and registered office on f	Ile with the			
0	thel Turner			- _			
57	787 West Sunrise	Blvd.					
Fo	ort Lauderdale, F	L 33313		10 JI			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
0	thel Turner						
1100 South State Road 7 #200 A							
P.O. Box NOT acceptable							
Margate, FL 33068-4033							
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.							
Ams	an officer or director		Ross E Beasle	ey, President			
I hereby accept the I filether agree to a	appointment as regi	stered agent and a sions of all statutes to a change in the re of this change.	gree to act in this capacit relative to the proper ar	ty, nd complete performance sistered agent. Or, if this I hereby confirm that the			
	5/29/2010						
	re of Registered Agent		Date				
If signing on behal	of an entity:						
Турсф	or Printed Name						

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