

P100000525P1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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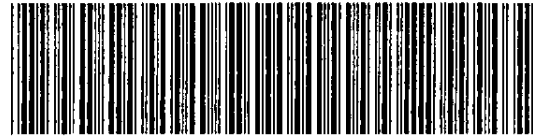
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TR 4-8-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2011

SHUKETHIA CAMPBELL
DIVERSE FINANCIAL GROUP INC.
P O BOX 262
FORT LAUDERDALE, FL 33302

SUBJECT: DIVERSE FINANCIAL GROUP INC.
Ref. Number: P10000052581

We have received your document for DIVERSE FINANCIAL GROUP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete block # 4 with date of incorporation and document number. New registered agent must sign below on form in the space for registered agent signature which is Jimmy Accius not Shukethia Campbell.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 911A00006891

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TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diverse Financial Group Inc.
Name of Corporation

DOCUMENT NUMBER: P10000052581

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:

Kerline Worfils
Name of Contact Person

Diverse Financial Group Inc.
Firm/Company

760 West Sample Rd Ste 5
Address

Pompano Beach, FL 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

Kerline Worfils at 954-213-4011
Name of Contact Person Area Code & Daytime Telephone Number
954, 941-8525

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Diverse Financial Group Inc.
2. The principal office address: 760 West Sample Rd Suite 5
Pompano Beach, FL 33064
3. The mailing address (if different): PO Box 262
Fort Lauderdale, FL ~~33308~~ 33302
4. Date of incorporation/qualification: 6/22/2010 Document number: P0000052581
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)

Shukethia Campbell
307 NW 1st Ave 1008
Fort Lauderdale, FL 33302

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

Kerline Lortils
760 West Sample Rd Suite 5
P.O. Box NOT acceptable
Pompano Beach, FL 33064

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]
Signature of an officer or director

Kerline Lortils
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]
Signature of Registered Agent

4/4/11
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)

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TALLAHASSEE, FLORIDA