PIDDDDD82068

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COVER LETTER

TO: Amendment Section Division of Corporations

Best Financial Inc SUBJECT: Name of Corporation P10000082068 DOCUMENT NUMBER: 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: Sandra E. Garza Name of Contact Person Best Financial Inc. Firm/Company 1300 Okeechobee Road West Palm Beach, FI 33401 City/State and Zip Code bestbuyers@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra E. Garza Name of Contact Person

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

•	•	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
		e or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: Best Finan	cial Inc.
2. The principal offic	e address: 1300 Okee	chobee Road West Palm Beach, Florida 33401
p		
3. The mailing address	ss (if different): 1300 O	keechobee Road West Palm Beach, Florida 33401
4. Date of incorporati	ion/qualification: 10/06	/2010 Document number: P1000082068
	et address of the current re t of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	Sandra E. Garz	a 🖁 📆
	1501 Elizabeth	Ave
	West Palm Bead	ch, Fl 33401
6. The name and stree (if changed):	et address of the new regis	Ave ch, Fl 33401 stered agent (if changed) and /or registered office
	Sandra E. Garza	
	1300 Okeechobee	Road
***************************************		O. Box NOT acceptable
	West Palm Beach,	FI 33401
The street address of as changed will be id	its registered office and lentical.	the street address of the business office of its registered agent,
Such change was aut authorized by the box	horized by resolution dulard, or the corporation ha	y adopted by its board of directors or by an officer so seen notified in writing of the change.
July	E / leaner	Sandra E. Garza/President
Imereby accept the a further agree to con performance of my d	Tottice of Arector Appointment as registered in the provisions of the provisions of the provisions of the provisions of the provision of the provision of the provision has been the component of the provision o	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
Study &	of Registered Ageny	July 13, 2015
If signing on behalf o	of an entity:	
Sandra E. G	arza	
Typed or	Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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