

PI3000060311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

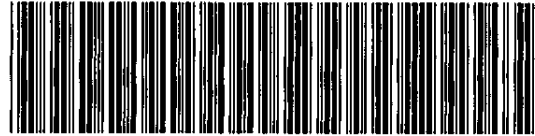
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* 00789, 00611, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BEST LOCK AND SAFE**

Name of Corporation

DOCUMENT NUMBER: **P13000060311**

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:

Christopher Scott Crawford

Name of Contact Person

Best Lock and Safe

Firm/Company

2803 Gulf to bay Blvd. Suite 221

Address

Clearwater, FL 33759

City/State and Zip Code

bestlock1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Crawford

Name of Contact Person

at **(727) 535-8242**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2014

Christopher Scott Crawford
Best Lock and Safe
2803 Gulf to Bay Blvd., Ste 221
Clearwater, FL 33759

SUBJECT: BEST LOCK AND SAFE, INC.
Ref. Number: P13000060311

We have received your document for BEST LOCK AND SAFE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 614A00014491

**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: BEST LOCK AND SAFE, INC.
2. The principal office address: 15455-61st. STREET N.
CLEARWATER, FL 33760
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/13/2013 Document number: P13000060311
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)

CHRIS COOPER

15455-61st. STREET N.

CLEARWATER, FL 33760

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

CHRISTOPHER SCOTT CRAWFORD

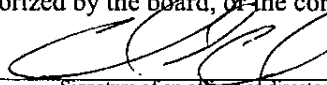
2803 GULF TO BAY BLVD, SUITE 221

P.O. Box NOT acceptable

CLEARWATER, FL 33759

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

Christopher S. Crawford
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

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 (03/12)

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2014 JUL 17 PM 2:01
TALLAHASSEE, FLORIDA