

P130000060322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

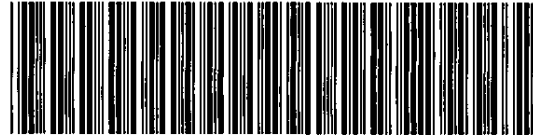
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA  
Change

06/18/14--01023--010 \*\*70.00

FILED  
2014 JUL 17 PM 1:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AJR

7/21/14

\*00789, 00721, 00611, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BEST LOCKSMITH**  
Name of Corporation

**DOCUMENT NUMBER:** **P13000060322**

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 LOCKSMITH**

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 LOCKSMITH, INC.  
Ref. Number: P13000060322

We have received your document for BEST LOCKSMITH, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The registered agent must sign accepting the designation.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 214A00014495

RECEIVED  
14 JUL 17 PM 2:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 LOCKSMITH INC
2. The principal office address: 2803 GULF TO BAY BLVD. SUITE 221  
CLEARWATER, FL 33759
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/13/2013 Document number: P13000060322

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)

CHRISTOPHER S. 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

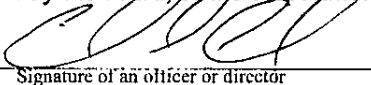
2803 GULF TO BAY BLVD. SUITE 221

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)