## P9500003,1203

Requester's Name

Bust Proetices, One 140 Goodman 140 Church St Newton, Ma 02458

CR2E031(7/97)



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CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Photocopy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  RECISTRATION/OHAN WINGLENGER
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
2020174702	Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the fol	orporation organized under the laws of the State of llowing statement in order to change its registered of	fice or registered agent or both in	the
State of Florid	la.		****
1. The name o	f the corporation: Best Practice	es, Inc.	!
2. The mailing	address of the corporation: This is both	corporationation	ios ladd
456	1 Murcia Blud, Saraso	+a, FL 34238	
3. Date of inco	orporation/qualification: 4/17/95 Do	cument number: P950000	31203
	nd address of the current registered agent and register		· · · · · · · · · · · · · · · · · · ·
	Jeffrey S. Goodma	<u></u>	
	770 Via Lombardy	8	
	Winter Park, FL 32		
5. The name an	id address of the new registered agent (if changed) ar	d for registered office (if changed):	
	Jeffrey S. Goodman	R R	
	4561 Murcia Blvd		
	Sarasota, FL 342	3 8 DE -	
The street addragent, as change	ress of its registered office and the street address of ged, will be identical.	the business office of its registere	ed.
Such change wanthorized by t	as authorized by resolution duly adopted by its bo	ard of directors or by an officer so	
ande	a Goodman	11/3/00	
	of an officer, chairman or vice chairman of the board)	(Date)	;
Andrea	(Printed or typed name and title)	<b>n</b> -	
<b>**</b> . •	(Printed or typed name and title)	— Tell of the state of the sta	•
I further garee	nmed as registered agent and to accept service of parents of the appointment as registered agent to comply with the provisions of all statutes relative my duties, and I am familiar with and accept the control of the	and agree to act in this capacity.	
( le la	hand I the line	11/3/00-	
/ fks	ignature of Registered Agent)	(Date)	
If signing on behal	If of an entity:		

CR2E045(8/99)

DIVISION OF CORPORATIONS

P.O. BOX 6327 TALLAHANNEE, FL 32314