1. Entity Nam		# (A00000	00187	3				
		RS-PARTN	ĒRS,	LTD.	e servera	FILED .	-	. <del>.</del>
Principal Plac	e of Business		Ma	illing Address		-01 JUL 24 AM 8: L	<del>1</del> 7	
340 IS	LA DO	eada Biui es, FL		3	•	SECRETARY OF STATE	4	1
2. Principal F	Place of Busine	38	3. N	Mailing Address	44-1-7	_	i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE		ACE	
					4. FEI Number	Applied For  Not Applicable		
Zíp		Country	_	Zip	Country	5: Certificate of Status Desired		8.75 Additional se Required
	6. Name a	nd Address of Cur	rent Regist	ered Agent	7. Name and Address of New Registered Agent			
m	IW A	GENTS,	INC	•	Name .			
MOW AGENTS, INC. 2101 CORPORATE BLU				.VD.	Street Addres	ss (P.O. Box Number is Not Acceptable	<u> </u>	
500	TE 10	7						
Boo	AR	270N	FL	33431	City		FL	Zip Code
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<del></del>		· · · · · · · · · · · · · · · · · · ·				stered agent, or both, in the State of Flo	<del></del>	
3. The above	named entity	submits this stateme	ent for the p	urpose of changing its re	egistered office or regis		<del></del>	
3. The above	Signature, typed or	submits this stateme	ent for the page agent and title if	urpose of changing its reapplicable. (NOTE: 1-10: Amount of Capital	egistered office or regis Registered Agent signature req Contributions	puired when reinstating)	rida.  J DATE  K*PAYABLE*T	O'DEPT-OF-STATE
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