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Division of Corporations

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: (B50)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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AHASSEE, FLORIDA

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## REGISTERED AGENT CHANGE RGH BONEFISH COMPANY

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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4/2/2013

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CT CORPORATION

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## COVER LETTER

| TO:     | Amendmer<br>Division of  | nt Section<br>Corporations                | ·                     |  |  |  |
|---------|--|---|-----------------------|--|--|--|
| SUBJ    | ect:   | RGH Enter                                 | orises, Incorporation | <del>2.</del>                          |  |  |
| DOC     | JMENT NU   | MBER:                                     |                       |  |  |  |
| The en  | closed States  | ment of Change of Registered Offi         | ce/Agent and fee a    | re submitted for filing.               |  |  |
| Please  | return all co  | rrespondence concerning this matte        | er to the following   | :                                      |  |  |
|         |  | Stephanie l                               | Ludwig                |  |  |  |
|         | Name of Contact Person   |   |                       |  |  |  |
|         | Cardinal Health, Inc.  |   |                       |  |  |  |
|         |  |   | ompany                |  |  |  |
|         | 7000 Cardinal Place  |   |                       |  |  |  |
|         | _  |   | ress                  | •                                      |  |  |
|         | Dublin, Ohio 43017  City/State and Zip Code  |   |                       |  |  |  |
|         |  |   |                       |  |  |  |
|         | pam.foose@cardinalhealth.com  E-mail address: (to be used for future annual report notification) |   |                       |  |  |  |
|         |  | E-mail address: (to be used for )         | unure annuar rep      | ort normeation)                        |  |  |
| For fur | ther informa   | tion concerning this matter, please       | call:                 |  |  |  |
| Ste     | phanie   | Ludwig                                    | <sub>**</sub> ,614    | 757-5470<br>& Daytime Telephone Number |  |  |
|         | Nam  | e of Contact Person                       | Area Code             | & Daytime Telephone Number             |  |  |
| Enclose | ed is a \$35,0   | O check made payable to the Depar         | tment of State.       |  |  |  |
|         |  | Mailing Address: Amendment Section        |                       | Address:<br>Iment Section              |  |  |
|         |  | Division of Corporations<br>P.O. Box 6327 |                       | n of Corporations<br>Building          |  |  |
|         |  | Tallahassee, FL 32314                     |                       | xecutive Center Circle                 |  |  |

CR2E045 (03/12)

Tallahassee, FL 32301

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

| statement of ch  | provisions of sections 607.0502, 617.05<br>ange is submitted for a corporation orgo<br>er to change its registered office or regi  | anized under the laws of the State of $\_$ | OHIO               |
|--|--|--|--------------------|
| 1. The name of   | the corporation: RGH Enterprises, Inc.   |  |                    |
| 2, The principal                                       | office address: 1810 Summit Commerce   | Park, Twinsburg OH 44087                   |                    |
| 3. The mailing   | address (if different):  |  |                    |
| 4. Date of incor                                       | poration/qualification: 3/27/2007  | Document number: F07000001                 | 704                |
| 5. The name and  | d street address of the current registered rtment of State: (If resigned, enter resign   | agent and registered office on file with   | the .              |
|  | Corporation Service Company  |  | 智 1                |
|  | 1201 Hays Street   |  | TIL TIL            |
|  | Tallahassco FL 32301   |  | L45 41 /           |
| 6. The name and (if changed):                          | d street address of the new registered ag  | ent (if changed) and /or registered offic  | PH 4: 33 E. PLORIO |
|  | C T Corporation System   |  | <b>P</b>           |
|  | c/o C T Corporation System, 1200 South   | Pine Island Road                           |                    |
|  | P.O. Box NO Plantation, Florida 33324  | T acceptable                               |                    |
| as changed will<br>Such change we<br>authorized by the | ess of its registered office and the street be identical.  se authorized by resolution duly adopte to board, or the corporation has been not been not been not been not been not be of an officer of director.         |  | ficer so           |
|  | the appointment as registered agent at<br>to comply with the provisions of all stat<br>my duties, and I am familiar with and i<br>is document is being filed merely to ref<br>that the corporation has been notified i |  |                    |
| By: Att  | orporation System  | 4-1-2013<br>Date                           | . ·                |
| Dla  | half of an entity:   |  |                    |
| 1)   | vped or Printod Name *** FILING FI   | TE: \$35.00 * * *                          |                    |
| M/<br>CR2E045 (03/12)                                  | MAKE CHECKS PAYABLE TO PLO<br>ALL TO: DIVISION OF CORPORATIONS, P.   | DRIDA DEPARTMENT OF STATE                  | 14                 |

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