P02000117545

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

C.COULLIETTE

APR 17 2009

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Roman Officer, Inc. (Name of Corpo	+			
(Name of Corpo	oration)			
DOCUMENT NUMBER: P02000117545				
The enclosed Statement of Change of Registered Office/Aş	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
, ,				
Renee Ba	karian			
Renee Ba (Name of Contact	Person)			
Roman Officer, Inc. (Firm/Company)				
(Firm/Compa	any)			
1500 Bay Rd., #438(Address)				
(Address)				
Miami Beach, FL 33139 (City/State and Zip Code)				
	p Code)			
For further information concerning this matter, please call:				
David Konney	796 \ 276 7245			
(Name of Contact Person)	(<u>786</u>) <u>276-7245</u> (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departmen	t of State.			
Mailing Address: Amendment Section	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
. 3	Tallahassee, FL 32301			

TO;

Amendment Section

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

statement of ch	ange is submitted for a corporatio	o17.0302, 607.1308, or 617.1308, Florida Sta on organized under the laws of the State of <mark>Flo</mark> or registered agent, or both, in the State of Flor	orida	<i>s</i>	
1. The name of	the corporation: Roman Office	er, Inc.	<u></u>		
2. The principa	office address: 1500 Bay Rd.	. #438			
Miami Be	ach, FL_33139				
3. The mailing	address (if different): PO Box 3	99105, Miami Beach, FL 33239		-	
4. Date of incor	poration/qualification: October	30, 2002 Document number: P020001	17545		
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with t resigned)	he		
	<u>Linda Rouleau - Resigned</u>				
	1500 Bay Rd., #438		SE	09	
	Miami Beach, FL 33139		ORE TA	APR	i totoge Edu ed
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	ARY OF	16 AM	C. A.
	David Kenney		0 7.5	ö	, such for sea
	1500 Bay Rd., #438 (P.O. Box NOT a	accontable)	AUE AUE	2	
	Miami Beach, FL 33139	есераон)			
The street addreas changed will	ess of its registered office and the	e street address of the business office of its re	gisterec	í agent	•
Such change was	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an off been notified in writing of the change.	ficer so		
(Signati	re of an opticer of director)	PAVIO X. KEW (Printed or typed name and title)	EY		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and comple the obligation of my position as registered a ge in the registered office address, I hereby o Thange.	ete perfo gent. Oi confirm t	rmanc r, if thi that the	re is e
(Q-J)		31MAK09			
Sig	nature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
	yped or Printed Name)	_			
	* * * F1L1	NG FEE: \$35.00 * * *			