P11000054208

(Requestor's Name)					
RAYS TRANSMISSION _					
- 1310 W Church 35					
- ORLANDO FT 32805_					
- Olmor II greet					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



000218104600

01/17/12--01016--028 **35.00

SECRETARY OF STAIL
DIVISION OF CORPORATIONS

RACHS

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

Ŕ,

			07.1508, or 617.1508, Flo	
			l under the laws of the Sta agent, or both, in the Stal	
				e of Fiorial.
	the corporation: Ray's			
2. The principal	office address: 1310 W	. Church St. Or	ando, FL 32805	
			W.A. 100-	<u></u>
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	06/09/2011	_ Document number:	P1100005408
	d street address of the curr rtment of State: (If resigne		and registered office on f	ile with the
	Khaadija Elasri			
•	1310 W. Church St	•		·
	Orlando, FL 32805			
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or register	BECRETON OF THE SECRETON OF THE SECRETOR OF TH
	Raymond Ortiz			
	1310 W. Church St			7 P
	Orlando, FL 32805	P.O. Box NOT acc	ертабіе	PHI2: 5
The street addr as changed will	ess of its registered office be identical.	e and the street add	ress of the business offic	ee of its registered agent,
Such change wathorized by t	as authorized by resolution the board, or the corporate	on duly adopted by ion has been notifi	its board of directors or ed in writing of the chang	by an officer so ge.
Signati	ire of an officer or director		Raymone Printed or typed nam	d Ortiz
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and a sions of all statutes l accept the obliga t a change in the re of this change.	gree to act in this capacit relative to the proper ar ion of my position as reg gistered office address, I	ty. id complete performance vistered agent. Or, if this I hereby confirm that the
		·	1-2-20	013
Sig	fature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
	Raymond Ortiz			
	yped or Printed Name	* FILING FFF.	\$35 nn * * *	
	MAKE CHECKS PA	AYABLE TO FLORII	DA DEPARTMENT OF STA	TE N. 20014
M	IAIL TO: DIVISION OF COI	RPORATIONS, P.O.	Box 6327, Tallahasse	E, FL 32314

CR2E045 (8/05)