(Re	equestor's Name)	
(Δα	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
• 4	Office Use On	ılv



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SLURETARY OF STATE OF STATE OF CORPORATIONS

12-18-14

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Petail Development Advisors Inc. Name of Corporation		
DOCUMENT NUMBER: \$14000022023		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tim CloQ Name of Contact Person		
SSRM Firm/Company		
524 Connation Drive		
Winter Park, FL 32797 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mame of Contact Person at (407) 9518079 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Retail Davidopment Advisors Inc
2. The principal office address: 524 Carnation Drive
Winter Park, FL 32792
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/10/14 Document number: 8140002202
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
The Company Corp
BOBOX 13397 = 38
Philadelphia PA 19/01-3397
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Timothy Clae
524 Carnation Drive P.O. Box NOT acceptable
worter Penk, FL 32792
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Timothy Clob Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Ratail Development Advisors

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *