Fax Server

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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

: (850)521-1000

Fax Number

: (850)558-1575

\*\*Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address please.\*\*

D				

## REGISTERED AGENT CHANGE THE ROBINSON GREEN BERETTA CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of Rhode Islams does not be registered office or registered agent, or both, in the State of Florida.	<u></u>
	of the corporation: THE ROBINSON GREEN BERETTA CORPORATION	
2. The principa	pal office address: 50 Holden St., Providence, RI 02908	
3. The mailing	g address (if different):	
4. Date of incom	corporation/qualification: 12/13/1979 Document number: 844818	· · · · · · · · · · · · · · · · · · ·
	and street address of the current registered agent and registered office on file with the	2010 FEB 15 AM 10: 16
	CT Corporation System	8
	1200 S. Pine Island Road	5
	Plantation, FL 33324	三三
6. The name an (if changed):	and street arkitess of the new registered agent (if changed) and /or registered office	0.16
,	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NO'f acceptable)	
	Tallahassee, FL 32301	
The street addi	dress of its registered office and the street address of the business office of its registered a fill be identical.	gent,
Such change wanthoused by	was authorized by resolution duly adopted by its board of directors or by an officer so	
May	JOS CHI BOULTH MOULE	nut.
I hereby accept I further appear of my dutiek, a document is be corporation ha	for the appointment as registered agent and agree to act in this capacity, set to comply with the provisions of all statutes relative to the proper and complete perform and lam familiar with and accept the obligation of my position as registered agent. Or being filed morely to reflect a change in the registered office address, I hereby confirm the last been notified in writing of this change.	nance if this at the
By: C	ation Service Company  2 15 - 2510 (Signature of Nifesteed Agent)	
	behalf of an entity:	
	ppet, Asst. Vice President	
	(Typed at Printed Name)	
	* * * PHING FEE: \$35.00 * * *	

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

CR2B045 (8/05)