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

Phone

: (850)521-1000 : (850)558-1515

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

## REGISTERED AGENT CHANGE RUGBY IPD CORP.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.12 a corporation organized under the laws of stered office or registered agent, or both, in	the State of Delaware
1. The name of the corporation: RU	<del>,,,</del>	
The name of the corporation:  The principal office address: 701	0 Benjamin Rd Suite 100	
	o Dongania res., Datio 100	
Tampa, FL 33634	1440 0 0 1 1 10 11 10 11 11 11 11	2001
3. The mailing address (if different)	1440 S Priest Dr., # 103, Tempe, AZ	85281
4. Date of incorporation/qualification	nn: 01/03/2000 Document numb	oer: F00000000012
5. The name and street address of the Florida Department of State:	e current registered agent and registered off	
CT Corporation	System	
1200 South Pine	: Island Rd	
Plantation, FL 3	3324	
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or	registered office
Corporation Ser	vice Company	
1201 Hays Stree	et	<u> </u>
<del></del>	(P.O. Box NOT acceptable)	
Tallahassee, FL	32301	**************************************
The street address of its registered as changed will be identical.	office and the street address of the busine	ss office of its registered agent,
Such change was authorized by reauthorized by the poard, or the con	solution duly adopted by its board of direct poration has been notified in writing of the	ctors or by an officer so the change.
(Signature of an officer or director	NPOSEY	SELEAL
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in w	s registered agent and agree to act in this provisions of all statutes relative to the pr in and accept the obligation of my positio reflect a change in the registered office ad viling of this change.	capacity, capacity, coper and complete performance i as registered agent. Or, if this dress, I hereby confirm that the
Corporation Service Comp	6-	14- Jul 6
(Suprature of Registered Age Sylvia Queppet, Asst. VP If signing on behalf of an entity:	गा)	(Date)
RUGBY IPD CORP.		
(Typest or Printed Name)		
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)