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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (950)222-1092

Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

RICH PRODUCTS CORPORATION

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

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Corporate Filing

Public Access Help

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

	•	617.0502, 607.1508, or 617.1508, F	
this statement	of change is submitted for a corpora	ation organized under the laws of the S	State of
Delaware	in order to change its regis	stered office or registered agent, or b	oth, in the State
of Florida.		i	
1. The name of	f the corporation: Rich Products Corporation	oration	
	- ,		
2. The principa	al office address: 1150 Nisgara Street,	Build, of 14213	70 6
		· · · · · · · · · · · · · · · · · · ·	- F
3. The mailing address (if different):			語
			े हैं के
		1	15 X 10
A Date of inon	rporation/qualification: 11/30/01	Document number: F0100	10004791
4. Date Of Inco	rporacion quarincation.	Doddine at Homber, 1914	
5. The name at	nd street address of the current regis	tered agent and registered office on file	with the
	artment of State:		> will 0000000
		Service Company	
			,
	120I H	ays Street	
	Tallahasse	e, FL 32301	
6. The name a changed):		tered agent (if changed) and /or regis	tered office (if
•		oration System salibox NOT scceptable)	
		ad, Plantation, Florida 33324	
•			
The street addragent, as change	ess of its registered office and the seed will be identical.	treet address of the business office of	its registered
Such change w	as authorized by resolution duly ad	opted by its board of directors or by a en notified in writing of the change.	n officer so
1°-4-11 3\	ne board, or the corporation has bee		
(Suggestion of all Office	, contribute or vice continues of the board)	Curt Kreisel Secretary	
I hereby accept I further agree performance of registered agen office address,	the appointment as registered age to comply with the provisions of all my dutles, and I am familiar with a t. Or, if this document is being file I hereby confirm that the corporati	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my positi and merely to reflect a change in the re on has been notified in writing of this	mplete on as gistered chance
VA CT	Corporation System	1	
By: (1)-5		11-6-03	
, (s	ignature of Registered Agent)	(Date)	**********
If signing on behal	f of an entity:	A. C. I	
Kevin A	. Sebunia	. ASST. Scretary	
a	(yped or Printed Name)	(Cepicky)	

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

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