

FD 30000 5757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

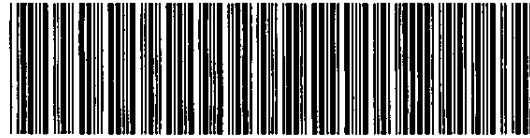
(Business Entity Name)

(Document Number)

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Change  
7-8-13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RER Solutions, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F03000005757

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:

Roy Dudak  
Name of Contact Person

RER Solutions, Inc  
Firm/Company

950 Herndon Parkway, Suite 200  
Address

Herndon, VA 20170  
City/State and Zip Code

roy.dudak@rer-solutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roy Dudak at ( 703 ) 742-6789  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: RER Solutions Inc
- 2. The principal office address: 950 Herndon Parkway , Suite 200  
Herndon, VA 20170
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 11/12/2013 Document number: F03000005757

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)

Christopher Kallivokas  
55 Miracle Mile, Suite 210  
Coral Gables, FL 33134

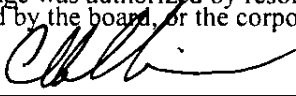
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

4000 Ponce De Leon Boulevard, Suite 470  
P.O. Box NOT acceptable  
Coral Gables, FL 33146

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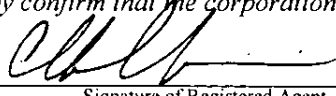
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Christopher Kallivokas  
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

6/24/2013  
Date

If signing on behalf of an entity:

Christopher Kallivokas  
Typed or Printed Name

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