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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

BODEK AND RHODES, INC.

Certificate of Status	1
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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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bodek and Rhodes, Inc.
2. The principal office address: 2500 Principal Row, Orlando, FL 32837
3. The mailing address (if different): 2951 Grant Avenue, Philadelphia, PA 19114
4. Date of incorporation/qualification: 3/5/2004 Document number: F04000001227
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Arthur Rhodes16609 Senterra DriveDelray Beach, FL 33484

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

Beverly Rhodes16609 Senterra Drive

(P.O. Box NOT acceptable)

Delray Beach, FL 33484

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.

Michael Rhodes
(Signature of its officer or director)

Michael Rhodes, President/CEO

(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.

Beverly Rhodes
(Signature of Registered Agent)

12-13-05

(Date)

If signing on behalf of an entity:

(Typed 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

CR2B045 (3/05)

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