Florida Department of State

Division of Corporations Public Access System

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ROSE LAND AND FINANCE CORP.

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statement of cha	provisions of sections nge is submitted for a r to change its register	corporation	organized u	ınder the la	tws of the St	ate of		+
	he corporation: ROSE		_	_	-			}
	office address: 241 E.				4) 48823			 -
2. т не ришеграл	office audiess							1
3. The mailing a	ddress (if different):	P.O. Bo	× 980	East	Lansing	mı	4882	6
4. Date of incorp	oration/qualification;	11/2/2004		Document	number: FO)400 0006 32	6	-
	street address of the o tment of State:	urrent registe	ered agent a	nd register	ed office on	file with th	ie je je	180
	CORPORATION SER	VICE COMP	ANY				AX E	B
	1201 HAYS STREET						SSI (SSI)	GB
	TALLAHASSEE FL	2301-2525					FG	AHI
6. The name and (if changed):	street address of the n	ew registere	i agent (if c	hanged) ar	nd /or registe	red office	STATE	11:50
	<u> </u>	C T Cor	poration Sys	item	·			
	c/o C T Cor	poration Syst	om, 1200 Sc	outh Pine Is	land Road			}
	(P	O. Box NOT aco	- ,					
		Plantation	n, Florida 3	3324				
The street addre	ss of its registered of be identical.	fice and the s	street addre	ss of the b	usiness offi	ce of its re	gistered a	gent,
Such change wa authorized by th	s authorized by resole e board, or the corpo	ution duly ac ration has be	iopted by it en notified	is board of in writing	directors of of the chan	by an offi ge.	icer so	
(S) matu	Konays		A	my A .K	ACZIVAY	CZUK -	Treas	icer
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as re o comply with the pro d I am familiar with c ng filed merely to refi been notified in writ	egistered age ovisions of al and accept the ect a change ang of this ch	int and agrill statutes ri le obligation in the reginance.	ee to act in elative to i n of my po stered offi	n this capaci the proper a silion as ref ce address,	ity. nd comple gistered as I hereby o	te përfor tent. Or, onfirm th	nance if this at the
By: Class	C T Corporation System ashur of Registered Agent)				217	lago	P	,
lf signing on bel	nalf of an entity:				,			
Claudi	er er Seionto							
	ecretary	* * * F ILIN	G FEE: S	35.00 * * *	i.			
M/ CR2E045 (8/05)	MAKE CHECK! AIL TO: DIVISION OF C	Payable t Corporatio	o Florida ns, P.O. Bo	Departm DX 6327, I	ient of Sta Allahasse	ite 16, FL 323	14	

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