| (Re                     | equestor's Name)  |              |   |  |  |
|-------------------------|-------------------|--------------|---|--|--|
| (Address)               |                   |              |   |  |  |
| (Ad                     | ldress)           |              |   |  |  |
| (Cit                    | ty/State/Zip/Phon | ne #)        |   |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL         |   |  |  |
| (Bu                     | isiness Entity Na | me) . ·      |   |  |  |
| (Do                     | cument Number     |              |   |  |  |
| Certified Copies        | _ Certificate     | s of Status. |   |  |  |
| Special Instructions to | Filing Officer:   |              | . |  |  |
|                         |                   |              |   |  |  |
|                         |                   |              | / |  |  |
|                         |                   |              |   |  |  |
|                         |                   |              |   |  |  |



700157384567

06/23/09--01046--004- \*\*35.00





June 16, 2009

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Agent for Royal Plus, Inc., along with a check for \$35.00 to cover the filing fee.

Thank you for your assistance in this matter.

Sincerely,

Chris Llinas, HR/Collections/Risk Mgt

Royal Plus, Inc.

4/0-219-7282 (direct line)

410-632-2005 (fax)

chris@royalplus.com (email)

Cc: File

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

| statement of chai   | nge is submitted for   | ns 607.0502, 617.0502<br>a corporation organi<br>stered office or register   | zed under the laws of  | the State of   | ANLAM                                  |                                       |      |
|---|--|--|--|--|--|---------------------------------------|------|
|   |  | -  | -  | •  |  |                                       |      |
| 2. The principal of   | office address:  | Rolpe Plus,<br>20, BELÍ SÍ   |  |  |  | · · · · · · · · · · · · · · · · · · · |      |
|   |  | SHOW HILL A  |  |  |  |                                       |      |
| 3. The mailing ac   | ddress (if different):   |  |  |  |  | <u> </u>                              |      |
| 4. Date of incorp   | oration/qualificatio   | n: 5-24-05   | Document numb  | per: <b>F050000</b>  | 03241                                  |                                       |      |
|   |  | e current registered ag<br>esigned, enter resigned   |  | fice on file with the  | he                                     |                                       |      |
|   | Duri   | F DEMILICION   |  |  |  |                                       |      |
|   |  | . Drum Dr  |  |  | 1                                      | 2                                     |      |
|   | Kiss   | 1-MEB FL 3474  | 6  |  | ALL.                                   | 009                                   | net: |
| 6. The name and (if changed):   |  | e new registered agent   |  |  | AHASSE<br>AHASSE                       | 2009 JUN 23                           | 1    |
|   | d  | CHAEL RICHIE   |  |  | mc:                                    | R                                     |      |
|   | 173  | 52 PAREASON AVE  | EMUL SUILE 8   |  | NON STATE                              | <u>ب</u>                              |      |
|   |  | (P.O. BOX NOT acceptable)  |  |  | D.                                     | 20                                    |      |
|   |  | LAND FL 32724  | <u>(</u>   |  |  |                                       |      |
| The street addre as changed will  | ss of its registered<br>be identical.  | office and the street a  | address of the busine  | ess office of its re   | egistered a                            | agent,                                |      |
| Such change wa<br>authorized by th  | is authorized by res<br>te board, or the cor   | solution duly adopted<br>poration has been not   | by its board of directified in writing of the  | ctors or by an office change.  | ficer so                               |                                       |      |
| (Signatur   | (U)<br>re of an officer or director  | )  | Dense C. (Printed o  | of typed name and title)   | shi.                                   | _VP                                   |      |
| I hereby accept I further agree to of my duties, and document is bein corporation has | the appointment as<br>o comply with the p<br>d I am familiar wit<br>ng filed merely to r<br>been notified in w | s registered agent and<br>provisions of all statu<br>h and accept the obli-<br>reflect a change in the<br>riting of this change. | d agree to act in this<br>ites relative to the pr<br>gation of my position<br>e registered office aa | capacity.<br>roper and comple<br>n as registered a<br>ldress, I hereby c | ete perfori<br>gent. Or,<br>confirm th | mance<br>if this<br>at the            |      |
| Michael   | nature of Registered Ager  |  | 5/5/   | (Date)   | ··· ·· ·· ··                           |                                       |      |
|   | half of an entity:   |  |  |  |  |                                       |      |
| (T  | yped or Printed Name)  | <u>.                                    </u>   |  |  |  |                                       |      |
|   |  | * * FILING FE  | E: \$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)