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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: ROCOCO FURNITORE LAUDATION (Name of Corporation) |
| DOCUMENT NUMBER: F05050003639 |
| 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: |
| KENDON 6 MALLORY (Name of Contact Person) |
| Pococo Tronge (Firm/Company) |
| 203 SOUTH ST. (Address) |
| PAZM HARRA FZ 3483 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (727) 23+3732 (Area Code & Daytime Telephone Number) |

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

Amendment Section

TO:

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 <u>GEOVAD</u> |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: ROCOCO FURDITURE LIBOURS LIBOURS |
| 2. The principal office address: 203 SOUTH ST. PATHHARMOR |
| F2 34683 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 6)15/2005Document number: FOSO0003639 |
| 5. The name and street address of the current registered agent and registered office on file with the |
| Florida Department of State: |
| KENDON 6-MANNEY |
| 203 SOUTH 1331 DURXAN LOOPD #303 |
| DUDEDIU, FL 34654 = 5 8 8 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office AFE (if changed): |
| NEUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 203 SOUTH ST. (P.O. Box NOT acceptable) |
| PAINHARROR FZ 3483 |
| 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. |
| Stride Signature of an office or director) Leading Control of typed frame 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) Signature of Registered Agent) Signature of Registered Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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

KS PAVABLE TO FLORIDA DEPARTMENT OF ST