## Florida Department of State

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Account Name : NATIONAL CORPORATE RESEARCH, LTD.

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Icrane@roseint.com

## REGISTERED AGENT CHANGE ROSE INTERNATIONAL FL, INC.

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

	provisions of sections 607.0502, 617.05	•		· · · · -	
	nge is submitted for a corporation orga ge its registered office or registered age			Missouri	
1. The name of t	·	ini, or boin, in me arme by y ?	or iuti.		
	INTERNATIONAL, INC. doing busin	ess in Florida as ROSE I	NTERNATION	AL FL, INC.	
2. The principal	office address:				
16401	Swingley Ridge Rd., Sulte 300	Chesterfield	MO	63017	
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 9/30/2005	Document number:	F05000	005747	
5. The name and Florida Depart	street address of the current registered a ment of State:	gent and registered office on	file with the		
	C T CORPO	RATION SYSTEM		_	
	1200 SOUTH P	INE ISLAND ROAD		- <b>*</b> 5	
	PLANTATION	FL	33324	量当竹	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registe	ered office	T 1 L E U	
	National Corporal	le Research, Ltd., Inc.	· · · · · · · · · · · · · · · · · · ·	. 阿第三七	
	515 East	Park Avenue		The second	
(P.O. Hox NOT scorptable)					
-	Tallahassee	Florida	32301		
is changed will b			_		
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or tified in writing of the chan	by an officer sige.	o	
(ei	QAht:	Himans	u Bhr	MA, CEO	
hereby accept the further agree to further agree to further agree to further agree to further the further to further the furth	nature of an officer or director) we appointment as registered agent and comply with the provisions of all statut and familiar with and accept the obli- filed merely to reflect a change in the gen notified in writing of this change.	(Protest d agree to act in this capaci, tes relative to the proper a gation of my position as reg e registered office address, i	or typed name and tid fy: nd complete per sistered agent. I hereby confirm	e) formance Or, if this n that the	
7	912	6	129/2010	>	
(Si	gnoture of Registered Agent)		(Date)	,	
f signing on beha	If of an entity:				
<del></del>	wson, Assistant Secretary	<b>-</b>			
r	Typed or Printed Name)	7577 mag 00 4 4 4			
	= = = FILING I	FEE: \$35.00 * * *			

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