F10000001903

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | · · · |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. ROBERTS

COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Rochoet NY INC. Name of Corporation | | | |
| DOCUMENT NUMBER: F1 0000001903 | | | |
| 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: | | | |
| Kristin Imberlake Name of Contact Person | | | |
| Rochoet NY INC. Firm/Company | | | |
| 7335 NW 107 AVE STE: 7M46 Address | | | |
| Doral FL 33172 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Kristin Timberlake at (786) 471 - 6229 Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Amendment Section Street Address: Amendment Section | | | |
| Division of Corporations Division of Corporations | | | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 Very YOCY— in order to change its registered office or registered agent, or both, in the State of Florida. Rochoet New YOSK/INC. 1. The name of the corporation: 2. The principal office address: 2335 NW 10714 Doral. 3. The mailing address (if different):_ Document number: F\ 00000\903 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 33172 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kristin Timberlake SH: ZM46 P.O. Box NOT acceptable 33172 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. Signature of an officer or director 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. ignature of Registered Agent If signing on behalf of an entity:

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

Typed or Printed Name