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## **FILING REQUEST**

February 9, 2012

## FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

RICHARDSON RFPD, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK # 38653 FOR \$35.00

Return Via:

**REGULAR MAIL - SASE ATTACHED** 

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**ASAP** 

PLEASE RETURN TO:

NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

**Melissa Hobbs** 

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: Richardson RFPD, Inc.
2. The principal o	ffice address: 50 Marcus Drive, Melville, NY 11747
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification:1/7/2011 Document number:F1100000095
	street address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
_	Corporation Service Company
	1201 Hays Street
	Tallahassee, FL 32301
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
_	515 East Park Avenue
_	P.O. Box NOT acceptable  Tallahassee, FL 32301
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	Gregory Tarpinian, General Counsel/Sec
I hereby accept th I further agree to of my duties, and document is being corporation has b NRAI Services	
by:	ure of Registered Agent 2/3/3 9 1 Date
If signing on beha	, , , , , , , , , , , , , , , , , , , ,
	nu, Assistant Secretary ed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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