## F93000005157

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Certifier

## **COVER LETTER**

Division of Corporations
SUBJECT: R&L Enterprises of Kentucky, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>F9300005157</u>
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:
Paul W. Robinson (Name of Contact Person)
R+L Enterprises, Inc. (Firm/Company)
3208 Gulf Breeze PARKWAY (Address)
Gulf Breoze, FL 32563 (City/State and Zip Code)
For further information concerning this matter, please call:
Payl W. Robinson at (850) 916-4600 ext 223  (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

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

Pursuant to the provi- statement of change is	-								
	s suomittea jo hange its regi							A	
1. The name of the co	orporation:	R+L	Enter	DRISES	of	Kentu	cky,	INC.	
2. The principal office	e address:	3208	Bulf	Bree	ze P	ar Kwa	y		
		641f	Breeze,	FL	325	3	<i>0</i>		
3. The mailing address	ss (if different	):							
4. Date of incorporati	on/qualificati	on: 1/11	192	Docum	ent num	ber: /9	39214	5924	, -
5. The name and stree Florida Departmen	et address of t	ne current reg	sistered agen					. *	_
		1 W. K					<u></u>		
	320	4 6ul-	f Breez	e Pa	nkwa	9	<u></u>	<b>2</b>	
	Gu l	F Breez	e, FL	3256	3	0		NOV.	7
6. The name and stree (if changed):	et address of t	ne new regist	ered agent (i	f changed	) and /or	registered	d office	I7 Z	
	PAU	1W.14	Spinson	<i>,</i>			F.G	3:5	
	320	08 Eu.	If Bree	eze Pi	heku	ing	<del>5</del>	ਜ . 🌤	
		1. Brace	•			0			44
The street address of as changed will be id			-			ess office	of its regi	stered ag	ent,
Such change was au authorized by the bo		//							
Hall !(a)	10-	•	<u></u>		Paul 6	J.Robin	isan-	_	nt
I hereby accept the a I further agree to co of my duties, and I a document is being ficorporation has bee	in officer or direct appointment a imply with the in familiar w led merely to in notified in v	ne vanietavad	agent and a of all statute of the obliga inge in the ro s change.	gree to a s relative tion of my egistered	ct in thi	or typed names s capacity proper and on as regis ddress, I h		perform nt. Or, ij ıfirm thai	ance f this t the
13/1//		<u> </u>	<b>-</b>		11/4	08 (Date)			
(Signature	of Registered Ag	ent)	<del></del>		/-	(Date)			
If signing on behalf	of an entity:								
	alkfjsaldkfj or Printed Name)								
(Typea -	or crimica name)								

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