

F98000004815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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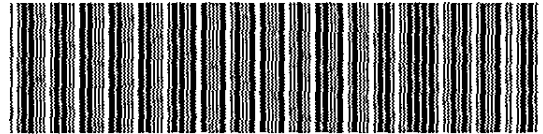
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACH CM
7-5-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RELATIONAL RESOURCES, INC.
(Name of Corporation)

DOCUMENT NUMBER: F9800004815

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:

KATHLEEN PHILLIPS

(Name of Contact Person)

RELATIONAL RESOURCES INC

(Firm/Company)

10105 S. KELLY LN

(Address)

WAGGAMAO LA 70094

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN PHILLIPS

(Name of Contact Person)

at (504) 810 6800

(Area Code & Daytime Telephone Number)

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

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 GEORGIA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RELATIONAL RESOURCES, INC.
2. The principal office address: 10105 S. KELLY LN, WESTWEGD LA 70094
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: F9800004815
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

KATHLEEN PHILLIPS
7228 MITCHELL RD
BROOKSVILLE FL 34601

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

KATHLEEN PHILLIPS
1929 MARY LN
(P.O. Box NOT acceptable)
HOLIDAY FL 3469D

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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.

K Phillips
(Signature of an officer or director)

KATHLEEN L. PHILLIPS, CEO
(Printed or typed name 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.*

K Phillips
(Signature of Registered Agent)

6/16/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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