09/03/2009:ДЩНИ-МА:\$1В21 РАХ

Valle NEW HOLL

UBRIEN ATTYS QQ 6/QQ 6 FES COR FAX 32172802879.9440.850.850.9785

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Division of Corporations

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Account Name

: IVAN, COLE & BONNETTE, P.A.

Account Number : I20050000014

Phone

: (904)358-3006

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## REGISTERED AGENT CHANGE

ROSSMEYER FAMILY ENTERPRISES, INC.

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EXAMINER

Section Make

## H09000195121 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

STATEMEN

	. MAR.	7.0502 KI7.0502 A	((H090001) 607.1508, or 617.1508, Florida Su	93911 3) ()
			d under the laws of the State of	
	•	•	d agent, or both, in the State of Flo	
			Futamadaaa laa	
	the corporation: ROSSI	•		
2. The principal	office address: 28/1 N	. Federal Highw	ay, Fort Lauderdale, FL 3	3306
				<del> </del>
3. The mailing a	ddress (if different):		<u> </u>	
<del></del>	<del></del>			100005
4. Date of incorp	oration/qualification:	08/10/1987	Document number:	J86325
	I street address of the curr trnent of State: (If resigne		t and registered office on file with	the
	Bruce Rossmeyer		·	
	2871 N. Federal Hi	ghway		يشن
	Fort Lauderdale, Fl	33306		
				SES
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or registered offic	* SSS - 3
	Dean G. Pepe			
	1637 N. US #1	•		Ed in Ed
•		P.O. Box NOT acc	ceptable	
	Ormond Beach, FL	32174		<b>© o</b>
The street addre	ess of its registered office be identical.	e and the street add	iress of the business office of its	registered agent,
Such change was authorized by the	us authorized by resolutine board, of the corporat	on duly adopted by ion has been notifi	y its board of directors or by an o ed in writing of the change.	ifficer so
1 Soute	o Storillas	<i>10</i> G	Sandra R. Rossmever 1	President
Signatur	e of an officer of director	-	Sandra B. Rossmeyer, I	
I hereby accept I further agree to of my duties, and document is bet corporation has	the appointment as regi o comply with the provi of I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statutes l accept the obligat t a change in the re t of this change.	gree to act in this capacity, s relative to the proper and comp tion of my position as registered egistered office address, I hereby	plete performance agent. Or, if this confirm that the
	X	_	8/2/NG	
Sig	hature of Ragistered Agent		Date	
If signing on be	half of an entity:		, ,	
	ped or Printed Name	<del></del>		
		* * FILING FEE:	\$35.00 * * *	

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