L99000 005611

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
` ' ' ' '					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Charly Harrie)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200009392212

01/03/03--01011--009 **25.00

1367 100 Freat

Jennifer C. Finch

Tel: (386) 462-9085

Tel: (386) 462-9085

Alachua, Florida 32615

E-mail: Hypatia 59@aol.com

December 28, 2002

Florida Department of State
Division of Corporations

LLC Section
409 E. Gaines St.

Tallahassee, FL 32399

Dear Sir/Madam:

Enclosed please find documents and filing fees for the following.

RR SERVICES, L.L.C.:

- Amendment to Articles of Organization & \$25.00 fee
- Certified Copy Fee \$8.75
- Certificate of Status Fee \$5.00
- Certified Copy Fee \$8.75

REGISTERED OFFICE CHANGES WITH \$25.00 FEES FOR:

- CIC International, LLC
- ROM International, LLC
- RRH Marketing, LLC
- SIC International, LLC
- SVI International, LLC

REGISTERED OFFICE AND REGISTERED AGENT CHANGE WITH \$25.00 FEE FOR:

Essen Marketing, LLC

Please call me at the number on the letterhead if you need anything further.

Thank you!

Kindest regards,

Jennifer C. Finch

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		CUT T	mtammational	T T C	r '
1. The name of the limited li	ability company is: _	247-7	nternational,	<u> </u>	
2. The mailing address of the	e limited liability com	pany is :	504 Tur	key Creek	1
		<u> </u>	Alachua	, Florida	32615
September 7, 1999)	- -	L99000	005611	ا ا ا
3. Date of filing/registration	in Florida		4. Document numb	oer .	
5. The name of the registered Florida Department of State	e:			the records of	the
•		er C.	Finch	<u>.</u> ; .	; ,
	526 Santand	Name ler Ave	, Ste. 1	:	, R
		ddress ables,	FL 33134	ر ۾ ميدؤ قرريسم اڳيريس اڳيس	
	City, St	ate and Z	ip		
6. The name and address of the	ne new registered age	nt and/or	office:		TO 20 E1 9: 1
	no ch	nange		<u> </u>	(<u>u</u>
	10832 NW 65t	me h Way		2	
FI	orida street address (P.O. Box	NOT acceptable)	MPP 14-1-	•
	Alachua	FL	32615		
	City, Stat	te and Zip	,		<i>i</i>
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the (Signature of a member or authorized p	e or changes are mad registered agent will confirmed that the cl bility company or as limited liability com	le, the Flo be identic nange(s) v otherwise	rida street address of al. Or, in the case of vas/were authorized	the registered of a Florida limite by an affirmativ	office ed e vote o
•	•	and Do	aragantativa		
Norman A. Carpe (Printed or typed name of signee)	nter, Authori:) Lesentative	·a.	; ; ; !
I hereby accept the appointm comply with the provisions of and I am familiar with and acc Chapter 508, F.S. Or, if this a address! I hereby confirm that	all statutes relative to cept the obligations a locument is being file the limited liability of	nt and ago the prop f my posi d to mere company l	ree to act in this capa er and complete per tion as registered ag ly reflect a change in tas been notified in y	icity. I further of formance of my ent as provided i the registered vriting of this cl	agree to duties, for in office hange.
(Signature of Registered Agent)	9/16/02			•	1
Jennifer Finch	Corporations, P.O.	Box 6327	, Tallahassee, FL 3	32314	1
INHS18(10/99)	FILING	FEE: \$2	5.00		