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AUG 2 6 2010 T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: RANIMES CROSSI	poration Inc
DOCUMENT NUMBER: Y 50000001	7/
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
	Community Mgt. Inc
786 BIAMDING, I	3/x0 #118
ORAHGE TARK	F1 32065
perry. RW	e pem 68. net
E-mail address: (to be used for fut	
For further information concerning this matter, please carries and the second s	all:  at ( 904 ) 298 - 232 /  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	nent 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 prestatement of change in order t	ge is submitted	for a corporati	617,0502, 607,1 on organized und or registered ago	der the lav	ws of the Sta	ne of Floris	9 9 A
1. The name of the	corporation:	RAVIALE	F (Ross)	NG	HOA ?	INC	
2. The principal of	ffice address:_	12058	SAMJO VIIIC F.		Blvo	# 904	<del>-</del>
3. The mailing add					<u> </u>		
4. Date of incorpo	ration/qualific	ation: OCT.	2006	Occument	number:/	VQ50000W	171
5. The name and s Florida Departn				d registere	ed office on	file with the	
_	PRODU	erty Ma	nagemer	7 4	aktrie.	rs + Assoc	11ates.
	12058	~ SAM	Jose Bli	10 7	+ 904		
_			le Fl.				
6. The name and s (if changed):  -	_		ered agent (if che long)    Comm   S/v   Box NOT acceptable				FILED
_	ORA	165-	pak_	<u> [-].</u>	320	15 25	<b>3</b>
The street address as changed will b	s of its register e identical.	red office and the	he street address	of the bu	siness offic	re of its Registered	f l agent.
Such change was authorized by the	authorized by board, or the	resolution duly corporation has	adopted by its been notified it	board of o	lirectors or of the chang	by an officer so	
Manay Signature			<u> </u>			KURSTE	R
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the		t as marietaral	agent and agree f all statutes rel ith and accept to ly to reflect a cl iotified in writir	to act in ative to the he obligate ange in the ig of this a	this capaci ne proper a ion of my p he registere change.	ty. Id complete osition as registe d office address,	red I
	_{				8/13	3/19	
	ture of Registered /				Date		
If signing on beha							
	PERIO ed or Printed Name	7					

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