## 10700010733

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ROKEL CHARITIES INC (Name of Corporation)
DOCUMENT NUMBER: N67000010733
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:
TAMBA NGAUJA (Name of Contact Person)
(Name of Contact Person)
ROICEL CHARITIES INC
(Firm/Company)
2322 SPOONBILL TRL
(Address)
OKANGE PARK, FL 32073 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 374 1722  (Area Code & Daytime Telephone Number)
(Med Code & Day and Total Manager)
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

statement of cha	nge is submitted for	s 607.0302, 617.0304 a corporation organi ered office or registe	zed under the laws	of the State of _	FLOKIDA	
1. The name of the		LBZZ SP		•		
2. The principal	office address:	1822 SP	OONBILL	TRL		
OR	MAGE PI	ARIC, FC	32073			
3. The mailing a	ddress (if different):_			<del></del>		<del></del>
4. Date of incorp	oration/qualification	10/08/26	o 7 Document nu	ımber: $\mathcal{N}\mathcal{D}$	70000107	733
	tment of State: (If res	current registered ag signed, enter resigned	i)	office on file wi	th the	
	MICHT	AEL JU	84		_	
				T	- -	
	JACICS	SUMRA MULLE,	FL 32	218	2009 FEB	and the
6. The name and (if changed):		new registered agen		•	EB 23	FEE
	TMABA	SPOONBI SPOONBI (P.O. Box NOT acceptable) PARIC	34		_ F	
	2822	SPOONBI	LL TRC		1:49	•
		(P.O. Box NOT acceptable)			- 3月 5	
	DRANGE	PARIC,	<u> </u>	52015	-	
The street addre as changed will	ss of its registered of be identical.	office and the street a	address of the bus	iness office of it	s registered agent,	
Such change wa authorized by th	s authorized by resone board, or the corp	olution duly adopted oration has been not	by its board of di	rectors or by an the change.	officer so	
15	1 moto		TAMBI	_		
· ·	re of an officer or director)		711111	or or typed hande and	inic)	
I hereby accept in I further agree to of my duties, and document is bein corporation has	the appointment as o comply with the pd I am familiar with ng filed merely to rebeen notified in wr	registered agent and rovisions of all stati and accept the obli flect a change in the iting of this change.	d agree to act in the state of the state of the gation of my posite registered office	his capacity. proper and con tion as registere address, I herel	nplete performance d agent. Or, if this by confirm that the	
(Sig	matter of Registered Agent	<del>,</del>	2/11	C O &		
. •	half of an entity:	,	•	(Armay)		
(T	yped or Printed Name)					
		* * * FILING FE	E: \$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)