NI5COUGA?

(R	equestor's Name)			
(A	ddress)			
(A)	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	susiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



500314882115

08/25/18--01020--022 **35.00

JUN 2 6 2018 S. YOUNG FILED

18 JUN 25 FH 14: 49

SECRETARY OF STATE
JALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Rosie Rebecca Incorporated Name of Corporation				
DOCUMENT NUMBER: N15000004027				
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:				
Katherine DeSantis				
Name of Contact Person				
Rosie Rebecca				
Firm/Company				
1227 Cielo Ct.				
Address				
North Venice, FL 34275				
City/State and Zip Code				
katedesantis@ymail.com				
E-mail address: (to be used for future annual report notification)				
E. C. d. d. C. d.				
For further information concerning this matter, please call:				
Kate DeSantis Name of Contact Person at (941 412-7030) Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607.0502, 61 ge is submitted for a corporation to change its registered office or i	organized under the laws o	f the State of Florida
1. The name of the	e corporation: Rosie Rebecc ffice address: 1227 Cielo Ct	a Incorpor	ated
2. The principal of	flice address: 1227 Glob Gr		<u> </u>
3. The mailing add	dress (if different):		
4. Date of incorpo	ration/qualification: 4/20/15	Document num	hber: N15000004027
	street address of the current regist ment of State: (If resigned, enter r		ffice on file with the
L	egal Zoom		
1	00 W. Broadway, Ste	100	·
(Glendale, CA 91210		ALLARIA FI
6. The name and s (if changed):	street address of the new registere	d agent (if changed) and /o.	r registered offices 25
<u> </u>	Kate DeSantis		PH "4: 49 E, FLORIDA
1	1227 Cielo Ct		49 RIDA
1	N. Venice, FL 34275	ox NOT acceptable	
The street address as changed will b	s of its registered office and the edidentical.	street address of the busine	ess office of its registered agent.
Such change was authorized by the	authorized by resolution duly ac board, or the corporation has be	lopted by its board of direction notified in writing of the	ctors or by an officer so te change.
Katherine DeSantis Executive Director			
	Signature of an officer or director Printed or typed name and title		
l further agree to performance of m avent Or if this	ne appointment as registered age comply with the provisions of a sy duties, and I am familiar with document is being filed merely that the corporation has been not	ll statutes relative to the pr and accept the obligation to reflect a change in the re	roper and complete of my position as registered egistered office address, l
Kathus !	X D XXX	6/22/2018	
Signa	ture of Registered Agent		Date
If signing on beha	alf of an entity:		
Kosie Re	bl CCa		

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