

City/State/Zip

Phone #

700003402737--3 -09/25/00--01107--013 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	00 SEF
(Corporation Name)	(Document #)	ASSE ASSE
(Corporation Name)	(Document #)	PM 4: 29 PM 4: 29 E. FLORID
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	LLEW OC T 2 2000
		Examiner's Initials

CR2E031(7/97)

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

Pursuant to the	e provisions of sections 607.0	502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
the undersigned	d corporation organized under	the laws of the State of FLOKIPA	
		hange its registered office or registered agent, or both, in	
the State of Flo			
1. The name of	the corporation: GARY	ROBE SON, INCORPORATED	
2. The mailing a	address of the corporation:	5179 ROSEN BOULEVALD	
BOYN	UTON BEACH, FLO	RIDA 33437	
3. Date of incom	rporation/qualification:	19/2000 Document number: P00000407	・ て1
4. The name and	d address of the current registe		
	CAKY ROBESON		
-	-		
-	5179 ROSEN	BOULEVAKO EE T	
5 The	BOYNTON BE	ACH FLORIDA 33437 SEE ST	
5. The name and	address of the new registered (P. O. B	agent (if changed) and/or registered office (if changed) ox Not Acceptable)	į
	GARY ROBESON		
-		<u> </u>	
_		K WAY	
		CH FLOKIDA 33436	
		the street address of the business office of its registered	
Such change wa authorized by th	ns authorized by resolution du	ly adopted by its board of directors or by an officer so	
2)	2. Rober		
(Signature o	of a officer, chairman or vice chairman	of the board) 9/19/2008 (Date)	
GARY (6. ROBESON PRE	ESIPENT	
corporation, I he	mea as registered agent and t ereby accept the appointment	o accept service of process for the above stated as registered agent and agree to act in this capacity. of all statutes relative to the proper and complete vith and accept the obligation of my position as	
performance of	o comply with the provisions (my duties, and I am familiar v	of all statutes relative to the proper and complete with and accept the obligation of my position as	
egistered agent 2			
س و رگ (St	gnature of Registered Agent)	9 19 2000 (Date)	
f signing on behalf	,	(Date)	
(T	yped or Printed Name)	(Capacity)	*
	* * * FILIN	G FEE: \$35.00 * * *	

CR2E045(9/00)