

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

ACCOUNT Name : AKERMAN SENTERFITT - TAMPA

Account Number : 120000000249
Phone : (813)223-7333
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07 APR 19 AM 8: 01 N'SION OF CORPORATION

REGISTERED AGENT CHANGE

RUDOLPH BROS., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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TALLAHASSEE FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICI FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Rudolph Bros., Inc.
2. The principal office address: 118 S. Oregon Avenue, Tampa, FL 33606
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/31/2000 Document number: P00000072792
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
William Kalish
401 E. Jackson Street, Suite 1700
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
American Information Services, Inc.
401 E. Jackson Street, Suite 1700
(P.O. Box NOT accopiable)
Tampa, FL 33602
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer go authorized by the board, or the corporation has been notified in writing of the change.
Richard A. Rudolph, Director (Statistical of the artification) Richard A. Rudolph, Director (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Dignature of Tegratured Agent) ASST. Secontain (District)
If signing on behalf of an entity: Deborah L. Evans
(Typed or Printed Name)
* * * FILING FEE: \$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)
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