## P00000 109983

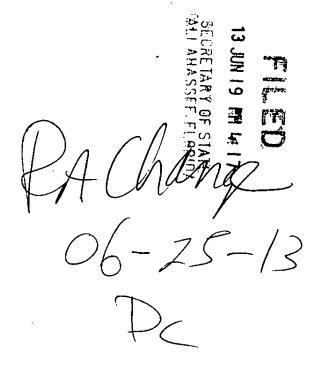
(Re	questor's Name)					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: TIMOTHY K. RHODE, INC. Name of Corporatio	n						
DOCUMENT NUMBER: P 00000 10 9983							
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.						
Please return all correspondence concerning this matter to the fo	ollowing:						
•							
TIMOTHY R. RHODE  Name of Contact Pers							
Name of Contact Pers	son						
THATHUR DUME INC							
TIMOTHY R. RHOYE, INC							
Miral with any							
4154 10 <sup>th</sup> AVENUE N Address							
A O							
ST. PETERS BURG FL. 33713  City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
TIMOTHY R RHANE	171 873-1566						
Name of Contact Person at (	ea 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	Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle						
	Tallahassee, FL 32301						

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

statement of cha	provisions of sections 6 inge is submitted for a c r to change its register	corporation org	ganized under t	he laws of the	State of FLOR	2101
1. The name of t	the corporation:	IMOTHY R	. RHOE,	INC -		
2. The principal	office address: 41	54 1015	MENUE	X,6TJ	PETERSBUR	6, FL 33713
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	NOV-21,7	2 <i>000</i> Docum	ment number:	P00000 10	9983
	I street address of the comment of State: (If resign			ristered office	on file with the	
	TIMOTHY R.	RHODE				
	106 8th AV	ENUE NE				ಪ
	ST. PETERS!	BURG,FL	3370/			
6. The name and (if changed):	I street address of the n	ew registered a		d) and /or reg	istered office F.F.	9 FT
	•	n AVENU		Ссит	WGED)	
	ST. PETER	SBURG,	凡. 335	713 (CH	HNGED)	
The street address changed will	ess of its registered off be identical.	ice and the stre	et address of t	he business o	ffice of its regist	ered agent,
Such change wa authorized by th	as authorized by resolute board, or the corporate	tion duly adop ation has been	ted by its boar notified in wri	d of directors ting of the ch	or by an officer ange.	so
Signatu	Rust of an officer or director			16THY R Printed or typed	RHODE,	PRES
I further agree to performance of agent. Or if the	the appointment as re to comply with the pro my duties, and I am fa is document is being fi that the corporation h	visions of all si miliar with and led merely to r	tatutes relative d accept the ol effect a chang	to the proper pligation of m	r and complete y position as reg	zistered ess, I
	R RULL nature of Registered Agent			June	16,2013	<del> </del>
7-6	half of an entity:			_ <del></del> -		
T	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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