

PO10000052885

(Requestor's Name)

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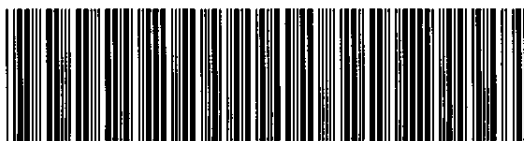
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2008

JOHN ROMMERDALE
J. ROMMERDALE & COMPANY, INC.
11 PALMER PKWY, SUITE 312
HILTON HEAD ISLAND, SC 29926

SUBJECT: J. ROMMERDALE & COMPANY, INC.
Ref. Number: P01000052885

We have received your document for J. ROMMERDALE & COMPANY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 008A00047547

RECEIVED
2008 SEP -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J. Rommerdale & Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000052885

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:

John Rommerdale
(Name of Contact Person)

J. Rommerdale & Company, Inc
(Firm/Company)

11 Palmetto Parkway, Suite 312
(Address)

Hilton Head Island, SC 29926
(City/State and Zip Code)

For further information concerning this matter, please call:

John Rommerdale at (407) 832-3915
(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
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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: J. Rommerdale & Company, Inc.
2. The principal office address: 11 Palmetto Parkway, Suite 106
Hilton Head Island, SC 29926
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 05/29/2001 Document number: P01000052885
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John Rommerdale

444 W. New England Avenue #312

Winter Park, FL 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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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 so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] President John Rommerdale
(Signature of an officer or 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.

Debora Cokilen 8/13/08
(Signature of Registered Agent) (Date)
asst. secy of NRAI

If signing on behalf of an entity:

DEBORA ÇOKBİLEN
(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