

PO20000022395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

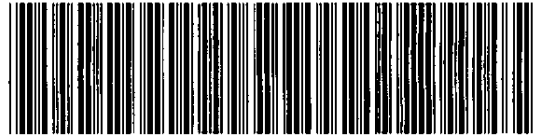
(Business Entity Name)

(Document Number)

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RA  
change

07/27/09--01034--022 \*\*35.00

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2009 JUL 27 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AKR  
7/28/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: R + S International Imports, Inc.  
Name of Corporation

DOCUMENT NUMBER: P02000022395

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:

WILLIAM M. RODRIGUEZ  
Name of Contact Person

R + S International Imports, Inc.  
Firm/Company

122 MARSH SIDE DR  
Address

ST. AUGUSTINE, FLA 32080  
City/State and Zip Code

WRODRIGUEZ2 @ Comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM M. RODRIGUEZ at ( 904 ) 460-9559  
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: R + S International Imports, Inc
2. The principal office address: 22 ST. GEORGE ST  
ST. AUGUSTINE, FLA 32084
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/27/02 Document number: P02000022395

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RODRIGUEZ, WILLIAM M.  
500 VISTA RIA CT.

ST AUGUSTINE, FLA 32080

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

RODRIGUEZ, WILLIAM M.

122 MARSHSIDE DR

P.O. Box NOT acceptable

ST. AUGUSTINE, FLA. 32080

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

William M Rodriguez  
Signature of an officer or director

WILLIAM M. RODRIGUEZ, PRESIDENT  
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.

William M Rodriguez  
Signature of Registered Agent

7/22/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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