P02000081859

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(Address)			
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DIVISION OF GORPORATIONS

RD(Ch8 10/13/08

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: MR. RODGERS NEIGHBORH (Name of Co	IOOD, INC proporation)			
DOCUMENT NUMBER: PO2000081859				
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:			
GREGORY	RODGERS			
(Name of Con	fact Person)			
MR RODGERS NE	GIGHBORHOOD, INC			
(Firm/Co	mpany)			
10 HOLMES BLVD (Address)				
(Aradi)	<i></i>			
FORT WALTON (City/State and	I BEACH, FL 32548 d Zip Code)			
For further information concerning this matter, please ca	all:			
GREG RODGERS (Name of Contact Person)	at (<u>850</u>) <u>803-5724</u> (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departs	ment of State.			
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
A WAI MAI MOUNT WAY A ALL WARD A T	Tallahassee FL 32301			

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

statement of char	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of or registered agent, or both, in the State of Flor	
		ERS NEIGHBORHOOD, INC. BLVD. FORT WALTON BEACH, FL	32548
3. The mailing ac	Idress (if different): SAME		
4. Date of incorp	oration/qualification:	Document number:	
Florida Depart	ment of State: (If resigned, entered of State: (If resigned, entered of Scarley of Scarley of Scarley of Scarley of Scarley of State: (If resigned, entered of	gistered agent and registered office on file with the resigned) Dr. Brack FL 32547 tered agent (if changed) and for registered office of the second of th	ON SE
The street address changed will	ss of its registered office and the identical.	the street address of the business office of its r	egistered agent,
I hereby accept I further agree to of my duties, and accument is being corporation has	W States of director)	ly adopted by its board of directors or by an of its been notified in writing of the change. Property John Marchael of typed name and older typed name and complete the obligation of my position as registered ange in the registered office address, I hereby is change. (Date)	ers
If signing on be	half of an entity:		
	alkfjsaldkfj Vped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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