

P020000086616

(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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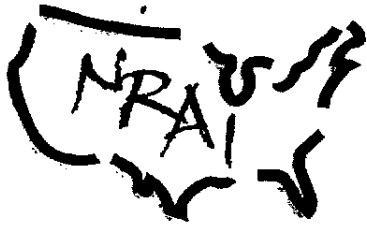
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CLERK LARY OF STATE
ALLAHASSEE, FLORIDA

T BROWN APR 13 2005

R.A. Change



National Registered Agents, Inc.
10985 Cody Street
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

March 31, 2005

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Rosser, Inc.
Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned Rosser, Inc. enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rosser, Inc.
(Name of corporation)

DOCUMENT NUMBER: P02000086616

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:

Lisa Reeves
(Name of person)

National Registered Agent, Inc.
(Name of firm/company)

10985 Cody Street, Ste 210
(Address)

Overland Park, KS 66210
(City/state and zip code)

For further information concerning this matter, please call:

Lisa Reeves at (913) 754-0637
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: Rosser, Inc.
2. The principal office address: 2925 W Coachman Avenue, Tampa, FL 33611
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/8/02 Document number: P02000086616
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas Rosser
2925 W. Coachman
Tampa, FL 33611

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 or personal mailbox NOT acceptable)
Weston, FL 33331

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TALLAHASSEE, FLORIDA

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.

Thomas B. Rosser
(Signature of an officer or director)

Thomas B. Rosser, 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.

NRAI Services, Inc.

by: Lisa Reeves
(Signature of Registered Agent)

3/31/05
(Date)

If signing on behalf of an entity:

Lisa Reeves
(Typed or Printed Name)

Asset Sec
(Capacity)

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

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