P02000132620

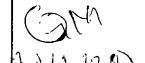
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO:

TO:	Division of Corporations				
SUBJ Name	ECT: Resource Development Group. Inc. of Corporation				
DOC	UMENT NUMBER: P02000132620				
The er	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning the	nis matter to the following:			
David	Savage				
Name	of Contact Person				
Resou	rce Development Group, Inc.				
Firm/0	Company				
4971 /	Avenue D				
Addre	SS	***************************************			
	gustine, Florida 32095				
City/S	tate and Zip Code				
	dsav01@bellsouth.net				
E-mai	l address: (to be used for future annu	nal report notification)			
For fu	rther information concerning this matter	, please call:			
David	Savage	at (615) 415-7411			
	Name of Contact Person	at (615)415-7411 Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to th	ne Department of State.			
	Mailing Address: Amendment Section	Street Address:			
	Division of Corporations	Amendment Section Division of Corporations			
	22 17 mon or comportations	izitiation of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314





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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

DAVID SAVAGE 4971 AVENUE D ST. AUGUSTINE, FL 32095

SUBJECT: RESOURCE DEVELOPMENT GROUP, INC.

Ref. Number: P02000132620

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 420A00006355

Signed Downerd Absorbed

STATEMEN HANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

statement of ch	ange is submitted for a corpo	ration organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida		
			ed agent, or both, in the State of Florida.		
1. The name of	the corporation: Resource De	velopment Gro	up. Inc.		
2. The principal office address: 538 SE 4th Street, Cape Coral, Florida 33990					
3. The mailing	address (if different): 10380	Center Highw	ay, North Huntingdon, Pennsylvania 15642		
4. Date of incorporation/qualification: 12/18/2020					
5. The name an		t registered ago	ent and registered office on file with the		
	Crack, Frederick G.				
	538 SE 4th Street				
	Cape Coral, Florida 33990				
6. The name an (if changed):			(if changed) and /or registered office		
	David Savage				
	4971 Avenue D				
	P.O. Box NOT acceptable				
	St. Augustine, Florida 32095				
The street addr	ress of its registered office ar I be identical.	nd the street ac	ldress of the business office of its registered agent.		
Such change wauthorized by t	ras authorized by resolution the board, or the corporation	duly adopted b has been notif	by its board of directors or by an officer so ied in writing of the change.		
Dan	c CWC f &		David Savage		
	9	, ,	Printed or typed name and life		
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as register to comply with the provision nd I am familiar with and ac ing filed merely to reflect a ss been notified in writing of	red agent and us of all statut ecept the obliga- change in the this change.	agree to act in this capacity. Is relative to the proper and complete performanc aton of my position as registered agent. Or, if this registered office address, I hereby confirm that the		
- Hand	1 Saver		March 2, 2020		
Si	gnature of Registered Scent		Date		
If signing on be	chalf of an entity:				
	D SAVAGE	-1			
ï	Evped or Printed Name				

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