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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

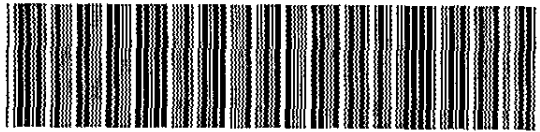
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICES OF
BENNETT, MAIN & GUBBRUD
A PROFESSIONAL CORPORATION
618 STATE STREET
BELLE FOURCHE, SOUTH DAKOTA 57717-1489
TEL (605) 892-2011
FAX (605) 892-4084
EMAIL: bellelaw@bellelaw.com

MAX S. MAIN*
DWIGHT A. GUBBRUD
*ALSO LICENSED IN WYOMING

RETIRED
DONN BENNETT

July 8, 2004

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RicoRock Inc.

Dear Amendment Section:

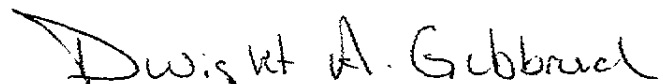
Enclosed is a Statement of Change of Registered Office/Agent and fee of \$35 payable to the Department of State. Please return all correspondence concerning this matter to the following address: **Dwight A. Gubbrud, 618 State Street, Belle Fourche, SD 57717.**

For further information concerning this matter please call Dwight A. Gubbrud at (605) 892-2011.

Thank you for your assistance.

Sincerely,

BENNETT, MAIN & GUBBRUD, P.C.



Dwight A. Gubbrud

DAG/njo
Encs.

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: RicoRock Inc.
- 2. The principal office address: 327 Thorpe Rd.
Orlando, FL 32824
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: January 22, 2003 Document number: P03000008047
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bruce L. Riley
2534 22nd Street North
St. Petersburg, FL 33710

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

Juan Silva
17433 Fuchsia Rd.
(P.O. Box or personal mailbox NOT acceptable)
Ft. Myers, FL 33912

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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.

 Bruce L. Riley, President
(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.

 6-22-04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Juan ~~Rock~~ Silva
(Typed or Printed Name) (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