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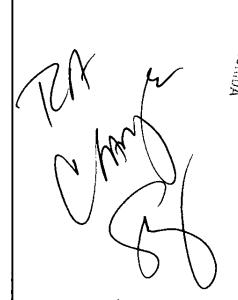
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RISE II Management Group, Inc
DOCUMENT NUMBER:
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:
Terrell Walker
Name of Contact Person
RISE IT Management Group
2908 Greencastle Rd
Buransule MD 2084 6 City/State and Zip Code
Terrell 47639 comcast.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terrell Walker  Name of Contact Person  at (401 340-1864  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

CR2E045 (8/05)

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

statement of char	provisions of sections 607. nge is submitted for a cor	poration organized	l under the laws of	the State of _	AORIDA	_
in order	r to change its registered	office or registered	agent, or both, in	the State of F	lorida.	
1. The name of the	he corporation:	Ruse I	Munag	ement	Group .	<i>tuc</i>
2. The principal of	office address:	2908 6	remousely	KU		<del> </del>
		four dense	alle MP	908	10	
3. The mailing ac	ddress (if different):	2908 G	een custle	Rd		
<b>3</b>	· · · · · · · · · · · · · · · · · · ·	-densitie,	MD 208	60		<del></del>
4. Date of incorp	poration/qualification:	•	_ Document numb	per:		
5. The name and	street address of the curre	ent registered agen	t and registered off	ice on file wi	th the	
	tment of State: (If resigne					
	<u></u>	200			inad.	
	16015	yir CA.				
					- <u>266</u> - 27	
					200	i j
					- SE -	ĝ- ÷loke ĝ
	street address of the new	registered agent (i	f changed) and /or	registered off	ice	177
(if changed):	(200	279	1.27	_		$\bigcirc$
	<u> </u>	W0001	ake vi		_ <del>5</del>	
	Apt	275				
		P.O. Box NOT acc	eptable 790	2-1 A	_	
	_ Orlan	d0, +L	. 327	810	_	
The street addre	an of its registered office	and the street eds	lrace of the busine	as office of i	- ta manistamed ear	<b>-</b>
as changed will	ess of its registered office be identical.	and the sheet add	iress of the busine	ss office of f	is registered ago	ciii,
Such change wa	as authorized by resolution to board, or the porporati	on duly adopted by	its board of direc	tors or by an	officer so	
authorized by th		on has been noth				+
Jeville	15/VILLA	<del></del>	Jenell 1	D VVQ	iker, ti	<u>residen</u> T
I hereby accept	the appointment as regis	stered agent and a	_		c	
I further agree to	to comply with the provis d I am familiar with and	ions of all statutes	relative to the pr	oper and con	nplete performa	ance this
document is bei	nerfiled merely to reflect leen notified in writing	a change in the re	egistered office ad	dress, There	by confirm that	the
		of inis change.	. 1/2	-/		
1/WI	VENSISI	<del></del>	1/&	7/ (/		_
Sign	nature of Registered Agent		l	( Date		
If signing on bel	half of an entity:					
	<u> </u>					
Ty	ped or Printed Name					

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

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

CR2E045 (8/05)