P0300070117

(Req	uestor's Name)	
Jackso	Hemandez, 1 D. Box 24668 Priville, FL 32 04) 288-8999	241
	State/Zip/Phon	· _ _
(Busi	ness Entity Na	me)
(Document Number)		
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SECRETARY OF STATE
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PACAG

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.13 undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office or register	
State of Films de	0 , ,
1. The name of the corporation: RUS Foods, Inc.	
2. The mailing address of the corporation: Po Box 24668 Uacks	Conville, Fl. 3224/
3. Date of incorporation/qualification: $\frac{6/23/63}{}$ Document number 1	oer: <u>Po3000076117</u>
4. The name and address of the current registered agent and registered office:	- i
,	PER P
Kim K. Hubbard	
3128 Beach Blud	TAS TO THE
Jacksonville, Fl. 32207	SEES P. IN
5. The name and address of the new registered agent (if changed) and /or register	red office (if changed):
M.A. Hernandez	97A
3617 Crown Point Rd# 2	— DE A
Jacksonville, 19. 32257	· ·
The street address of its registered office and the street address of the busines agent, as changed, will be identical.	ss office of its registered
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	tors or by an officer so
	2.18.03
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Richard UH Stibert	
(Printed or typed name and title)	the whom exected
Having been named as registered agent and to accept service of process for a corporation, I hereby accept the appointment as registered agent and agree a I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of the process of the control of the provisions of the provisions of the control of the provisions	to act in this capacity. Oner and complete
registered agent Mananda 121	24/03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:	
(Typed or Printed Name) (Capa	city)

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