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COVER LETTER

Division of Corporations	
SUBJECT: RN Custom Homes, Inc. (Name of Corporation)	
DOCUMENT NUMBER: POSCOOLAGU	
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:	
Robert L. Nisworger JR. (Name of Contact Person)	
RN Custon Homes, Inc.	
6169 Oak Cluston Cir (Address)	
Tampa, fl. 33634 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert L. Nisuscor Tr. at (813) 318-1507 (Area Code & Daytime Telephone Number)	

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

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

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RN Custom Homes, Inc.
2. The principal office address: 10169 Oak Cluster Cir Tamoa, Fl. 33634
3. The mailing address (if different): P.O. Pox 13a
Land D' Lates, Fl. 34639
4. Date of incorporation/qualification: 101003 Document number: PO3000112000
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert C. Niswanger Jr.
6169 Oak Cluster Circle 20 9
Tampa. Fr. 33634
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert C. Niswarger Tr. 755 9
6169 Oak Cluster Circle 5m w
Tampa. fr. 33634
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.
(Signature of an othicer or offictor) (Signature of an othicer or offictor) (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 if writing of this change.
Hobert (Signature of Registered Agent) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Robert L. Niswonger Jr. (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)