

P03000155831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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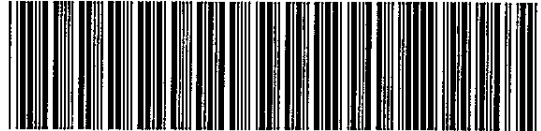
(Business Entity Name)

(Document Number)

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R.A. change

T BROWN JUN 21 2005

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Roy Richardson Inc.  
(Name of corporation)

DOCUMENT NUMBER: P03000155831

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:

Roy Richardson  
(Name of contact person)

Roy Richardson Inc.  
(Firm/Company)

648 DOLPHIN ROAD  
(Address)

VENICE FL 34293  
(City/state and zip code)

For further information concerning this matter, please call:

Roy Richardson at (941) 493-3102  
(Name of contact person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 25, 2005

ROY RICHARDSON  
ROY RICHARDSON INC  
648 DOLPHIN ROAD  
VENICE, FL 34293

SUBJECT: ROY RICHARDSON INC  
Ref. Number: P03000155831

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 805A00037573

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROY RICHARDSON INC  
2. The principal office address: 648 DOLPHIN ROAD  
VENICE FL 34293  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01-01-2004 Document number: P0300155831

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TAMI BROWN  
4350 LAROSA AVE  
NORTH PORT, FL 34286

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

NOEL BROWN  
1872 TAMiami TRAIL So. Suite G  
(P.O. Box NOT acceptable)  
VENICE FL 34293

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TALLAHASSEE, FLORIDA

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.

Roy Richardson  
(Signature of an officer or director)

ROY RICHARDSON - OWNER.  
(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.*

[Signature]  
(Signature of Registered Agent)

6/12/2004  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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