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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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09/13/06--01005--023 **35.00

SECRETARY OF STATE ON DIVISION OF CORPORATIONS

RA Change 09/13/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RG & The (Name of Corporation)
DOCUMENT NUMBER: PO400053736
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:
Time the J. O. Donnell (Name of Contact Person)
Hone Helpers (Firm/Company)
1 Hargrove Grade ste 10 (Address)
Palm Coast FL 32137 (City/State and Zip Code)
For further information concerning this matter, please call:
Tinoth J. O Donnell at (386) 447-5272 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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	· /
statement of change is submitted for a corporation organized under the laws of the State of F/ϕ in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: $\mathcal{R}G \times \mathcal{G}$ $\mathcal{F}hc$.	
2. The principal office address: 1 Hargrove Grade Ste /	
Pala Coast PC 32137	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/24/2004 Document number: P040000	053736
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Busines Filings Incorporated	
1203 Governors Sq Blod, ste 101	
Tallahasser Fl 22301	SECRE ISION
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TARY OF CO
Timoth J O Dinnell co Hone Helper 1 Hargrove Grade Ste /C (Pp. Box NOV acceptable)	D STATI OF STATI RPORATI
1 Hargrove Corade Ste /C (P.O. Box NOT acceptable)	ATE ATION
Pala Coast, FC 32/17	·O
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	stered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r so
Signature of an officer or director) Time to JOSIMAL Practical Control of typed name and title	ideef
I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address, I hereby conscription has been notified in writing of this change.	
In 1/1/2006	
(Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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