

PD4000063521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

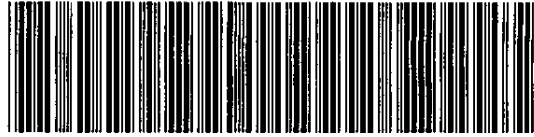
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AND  
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10 MAR 11 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RF 3/10/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Residential Planners, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PD 40000 63527

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:

Dan E. MATOS  
Name of Contact Person

Residential Planners, Inc.  
Firm/Company

P.O. Box 560184 | 16740 Magnolia Terrace  
Address

Montverde, FL 34756  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan MATOS at (407) 468-8687  
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  
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 of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Residential Planners, Inc.
2. The principal office address: 8810 Commodity Circle, Suite 21  
Orlando, FL 32819
3. The mailing address (if different): P.O. Box 560184  
Montverde, FL 34756
4. Date of incorporation/qualification: 4-2004 Document number: PD4000063527
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Elizabeth MATOS  
16740 Magnolia Terrace  
Montverde, FL 34756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
DANE MATOS  
16740 Magnolia Terrace  
Montverde FL 34756

P.O. Box NOT acceptable

DANE MATOS

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]  
Signature of an officer or director

DANE MATOS  
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

2-26-2010  
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

CR2E045 (8/05)

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