

P04000162489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

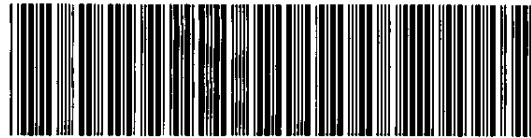
(Business Entity Name)

(Document Number)

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RA address
change

10/04/10--01020--009 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/15/10

*00789, 00614, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RLC Architects P.A.
Name of Corporation

DOCUMENT NUMBER: PO4000162489

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:

Maureen Gardiner
Name of Contact Person

RLC Architects P.A.
Firm/Company

14 SE 4th Street
Address

Boca Raton, FL 33432
City/State and Zip Code

reenie@rlcarchitects.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Gardiner at (561) 393-6555
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2010

Maureen Gardiner
RLC Architects P.A.
14 SE 4th Street
Boca Raton, FL 33432

SUBJECT: RLC ARCHITECTS P.A.
Ref. Number: P04000162489

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 510A00023623

10/11/10

Corrected form attached.

*Thank you,
Maureen Gardiner
RLC Architects, P.A.*

RECEIVED
10 OCT 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: RLC Architects P.A.
2. The principal office address: 14 SE 4th Street
Boca Raton, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 1, 2005 Document number: PO4000162489
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)

Bruce W. Retzsch - President

RLC Architects P.A.

137 W Royal Palm Road Boca Raton, FL 33432

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

~~RLC Architects P.A.~~

RLC Architects, P.A.

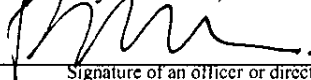
14 SE 4th Street

P.O. Box NOT acceptable

Boca Raton, FL 33432

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 officer or director

Bruce W. Retzsch - President

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 of Registered Agent

9/30/10

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)

FILED
2010 OCT 15 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA