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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORE

T. LEMIEUX

COVER LETTER

TO:	Amendment Division of	t Section Corporations			
SUBJE	CT:	RITEWAY B	UILDING SE Name of Corpo	RVICES, INC.	
DOCU	MENT NUN	MBER:	P04000	172360	
The end	losed Staten	nent of Change of Reg	gistered Office/Ag	ent and fee are submit	ted for filing.
Please r	eturn all con	respondence concerni	ng this matter to t	he following:	
		•			
			WILLIAM R PH	IILLIPS	
	_		Name of Contact	Person	
		DITELLA	V DUII ĎINO (NEDVICEO INC	
	•	RITEWA	Firm/Compa	SERVICES, INC	
			-	•	
			750 HAROLE	AVE	
	•		Address		
		W	INTER PARK, City/State and Z	FL 32789	
	•		City/State and Z	p Code	
		WPhi	llips@wrp-ente	rprises.com	
		E-mail address: (to	be used for futur	e annual report notif	ication)
For furt	ther informat	tion concerning this n	natter, please call:		
	WI	LLIAM PHILLIPS	0.	407	478-7483
		ne of Contact Person	а	Area Code & Dayti	478-7483 me Telephone Number
Enclose	ed is a \$35.00	0 check made payable	to the Departmen	at of State.	
		Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations		ection orporations ng e Center Circle
				Tallahassee, F	L 22301

TO:

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: RITEWAY BUILDING SERVICES, INC.
2. The principal office address: 750 HAROLD AVENUE, WINTER PARK, FL 32789
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/27/2004 Document number: P04000172360
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)
CFRA, LLC
100 S. ASHLEY DR., SUITE 400
TAMPA, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):
NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301
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 office of director 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 ditties, and Lam 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.
NRAI Services, Inc. hy: Signature of Registered Agent Date MAY 4, 2012
If signing on behalf of an entity:
Jessica Metzger, Assistant Secretary 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)

COVER LETTER

TO:	Amendment Section Division of Corporation	ns					
SUBJE	CCT: RITE	WAY BUILDING		·			
DOCU	MENT NUMBER:	P04	000172360	**************************************			
The en	closed Statement of Cha	nge of Registered Offic	e/Agent and fee are sub	mitted for filing.			
Please	return all correspondenc	e concerning this matte	r to the following:				
	WILLIAM R PHILLIPS Name of Contact Person						
		RITEWAY BUILDIN					
		Firm/Co	ompany				
			OLD AVE				
		Add	ress				
		WINTER PAI City/State a	RK, FL 32789 nd Zip Code				
	WPhillips@wrp-enterprises.com E-mail address: (to be used for future annual report notification)						
For fur	ther information concer	ning this matter, please	call:	-			
	WILLIAM P	HILLIPS	at (407)	478-7483			
	Name of Conta	ct Person	Area Code & Da	478-7483 sytime Telephone Number			
Enclose	ed is a \$35.00 check ma	de payable to the Depar	tment of State.				
	Amer Divis P.O. 1	dment Section ion of Corporations Box 6327 nassee, FL 32314	Clifton Bui	t Section Corporations Iding Itive Center Circle			

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607. ange is submitted for a corp er to change its registered o	poration organized	under the laws of the St	ate of Florida	
	the corporation: RITEW				
2. The principal	office address: 750 HAF	ROLD AVENUE	, WINTER PARK, F	L 32789	
3. The mailing a	address (if different):			**	
4. Date of incorp	poration/qualification:	12/27/2004	_ Document number:	P04000172360	
	I street address of the curre		and registered office on	file with the	
	CFRA, LLC				
	100 S. ASHLEY DR	., SUITE 400			
	TAMPA, FL 33602				
6. The name and (if changed):	d street address of the new	registered agent (if	changed) and /or registe		ļ
	NRAI Services, Inc	c.		Y -8 F	•
	515 East Park Aver				i
,,	Tallahassee, FL 32	P.O. Box NOT acc	емаріе	D: 22	
The street address changed will	ess of its registered office be identical.	and the street add	ress of the business off	ce of its registered agent,	
Such change wa authorized by ti	as authorized by resolution board or the corporation	n duly adopted by on has been notifie	its board of directors of ed in writing of the char	r by an officer so	
Signatu	reol in olucer or director	<u> </u>	J. Hivain R Th	Mile and tige	7
I hereby accept I further agree of my ditties, ar document is bei corporation has	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and ay ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capac relative to the proper ion of my position as re gistered office address,	rity, and complete performance gistered agent. Or, if this I hereby confirm that the	•
NRAI Service by: _{Sig}	nature of Registered Agent	<u> </u>	MAN 4,20	012	
If signing on be	chalf of an entity:				
	etzger, Assistant Secr	etary			

* * * 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)