P05000104030

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Elp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dooding realisor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500079007025

08/23/06--01024--013 **35.00

FILED

06 AUG 23 PM 1: 12

SECRETARY OF STATE
SECRETARY OF STATE



MIG 2 8 2005

COVER LETTER

TO:	Amendment Section Division of Corporations								
SUBJI	ECT: R.A.P. Excusive, INC	ion)							
DOCU	MENT NUMBER: P0500010403	SO							
The en	closed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.							
	return all correspondence concerning this matter to the								
	(Name of Contact Person)								
RAP. EXCLUSIVE, TAIC (Firm/Company)									
PO BOX 2146 (Address)									
SEFFUER, FL 33 (City/State and Zip Code)									
For fur	ther information concerning this matter, please call:								
···-	RYAN PLOCH at (Name of Contact Person)	Area Code & Daytime Telephone Number)							
Enclos	ed is a \$35.00 check made payable to the Department o								
	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

statement of char	rovisions of section age is submitted for	a corpora	tion orge	mized under	the laws of the	State of _		is
	to change its regis	tered office		·		State of F	lorida.	
1. The name of il	ne corporation:	K.H.	γ. ε	yclusine	, INC.			 .
2. The principal of	office address:	7488	W	BRANDON	BLUD,	<u> Bran</u>	, ugau	FL 335
3. The mailing ac	Idress (if different):	PO	BOX	2146,	8855	ener,	FL	33283
4. Date of incorpo	oration/qualification	a:/	25/5	Docu	ment number:	Pos	00010	Q5aP
5. The name and Florida Depart	street address of the ment of State:	current re	gistered	agent and reg	ristered office of	on file wit	h the	
	R	YAN	Pio	.#			_	
	50	א וכ	٤١	BRINA	CIR			
_	BR	LOCUE	FL	, 335			PER S	2 2 2
6. The name and (if changed):	street address of the	e new regis	tered ag	ent (if change	d) and /or regis	stered offi	ETARK ce	16 23
-	<u> </u>	777	PLOC	A			EFES EFES	32 0
-	3	906 (P.O. Box NO	SILVE	R MEAN	MAY WAY		ORIO RICE	13
-	^	ANT	Cny	_	566			
The street address as changed will be	s of its registered one identical.	office and	he stree	t address of	he business of	Tice of its	registere	d agent,
Such change was authorized by the	authorized by rese board, or the corp	olution dul oration ha	y adopt s been r	ed by its boar otified in wr	d of directors	or by an	officer so	
Signature	of an officer or director)		_	RYAN	PLOCH (Printed or types	Pagie And to	RESIDE	UT_
-	he appointment as a comply with the p I am familiar with g filed merely to re been notified in wr		agent a of all sta of the ol mge in i s chang	nd agree to a stutes relative bligation of m he registerea e.	act in this cape to the proper ty position as t office addres.	acity. cand com registered s, I hereb	plete perfi l agent. 'O y confirm	ormance br. if this that the
		<u> </u>			8-19-0 (Date	4		
If signing on beh	ature of Registered Agent alf of an entity:	.)			{Đạt	t)		
$=$ $\overline{\text{(Ty)}}$	ped 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)