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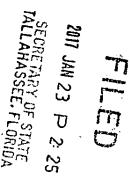
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: RCS Contractor Services, Inc.

Name of Corporation

DOCUMENT NUMBERS

²05000125369

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:

John Daizovi

Name of Contact Person

RCS Contractor Services, Inc

Firm/Company

41 SE 6th Street

Address

Dania Beach, FL 33044

City/State and Zip Code

rcscs.contractor.services@gmail.com

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

For further information concerning this matter, please call:

Robert Sutton

_.954

295-2182

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

statement of cha	provisions of sections 607.0502, 61,7,050 inge is submitted for a corporation organ r to change its registered office or regist	ized under the laws of the S	State of Florida
1. The name of t	the corporation: RCS Contractor S	Services, Inc	
2. The principal	office address: 41 SE 6th Street each, FL 33004		
3. The mailing a Efland,	nddress (if different): 501 Benwich I NC 27243	_ane	
4. Date of incorp	poration/qualification: Sep 12, 200	5 Document number:	P05000125369
	I street address of the current registered a timent of State: (If resigned, enter resigned	-	n file with the
	1798 NW 39 Court		<u> </u>
	Oakland Park, FL 33309		LLAHAR T
			HASSEE.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	41 SE 6th Street		ν Δ Ω
	Dania Beach, FL 33004		
	P.O. Box NOT	acceptable	
The street addre	ess of its registered office and the street be identical.	address of the business off	ice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors o tified in writing of the char	r by an officer so nge.
Proper.		Robert C Sutton Printed or typed name and title	
I hereby accept	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in	d agree to act in this capac utes relative to the proper	city.
0/	The state of the s	1/12/2017	
C.	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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