P05000150180

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





400188158334

12/09/10--01009--014 **35.00

10 DEC -9 PM 2:5

SECRETARY OF STATE
TAPLIAHASSEE: FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: A+S Metalsmiths, Inc. Name of Corporation		
DOCUMENT NUMBER: PD 5 000 15 0 186		
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:		
Name of Contact Person		
RYS Metalsmiths, Fue		
1547 N. Florida Mangold unit 16, Blog 12		
WPB, F133409 City/State and 7 in Code		
City/State and Zip Code		
Reyes of coro a Hofmail, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (561) 275-3844 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: R+S Metalsmiths, INC
2. The principal office address: 1847 N, Gorida Mango Rd Unit 16, Bldg 12 WPB, Fl 33409
3. The mailing address (if different): $POBOX7/8/$ $WPB, FC33405$
4. Date of incorporation/qualification: 5/1/2008 Document number: P0 5000150 186
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)
Jose A Radriguez
Jose A Rodriguez, 3024 Glenwood Rd
WeB, F133405
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jose A Rodriguez, 3
1547 N. Florida MangoRd P.O. Box NOT acceptable
Uni+16, Bldg12 WPB, F1 33409
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 of arrector with the second strict of the change. VITHOUT Provident VCC 1-207 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 Argent Date
If signing on behalf of an entity:
Sose Rodriguez "WITHOUT Presupte" UCC1-Z07 Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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