Po6000081643

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phon	ne #)		
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(Business Entity Name)				
(Document Number)				
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10/29/3

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Rosewood Development Corporation

Name of Corporation

DOCUMENT NUMBER: p0600008643

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:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL \$2701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

_{"(}40/

332-4480

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 Circ

2661 Executive Center Circle
Tallahasses FI 32301

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

Pursuant to the pr	rovisions of sections 607.0502, 617.050	02, 607.1508, or	617.1508, Florida Statutes, this
statement of chang	ge is submitted for a corporation orga	nized under the l	aws of the State of FL
in order	to change its registered office or regist	tered agent, or b	oth, in the State of Florida.
	corporation: Rosewood Deve		
2. The principal of	ffice address: 370 CenterPointe	Circle Suite	1136
Altamonte	Springs, FL 32701		
3. The mailing add	lress (if different):		
4. Date of incorpor	ration/qualification: 06/14/2006	Document	number: p06000081643
	treet address of the current registered a nent of State: (If resigned, enter resigned		1
K	(athryn Smith - resigned		TALLAHASSEE, FLORIG
			A S
			23 LE
			SEE
	reet address of the new registered ager	nt (if changed) ar	d /or registered office
(if changed):			9F 5
<u>N</u>	lary Walsh		- Bri o
3	70 CenterPointe Circle Sui	te 1136	
_	P.O. Box NOT		
<u>A</u>	Itamonte Springs, FL 3270)1	_
The street address as changed will be	of its registered office and the street a	iddress of the bu	siness office of its registered agent,
Such change was a authorized by the b	uthorized by resolution duly adopted oard, or the corporation has been not	by its board of cified in writing	lirectors or by an officer so f the change.
Heller	ler-	Jonathan (Claber, Director
Signature of	an officer or director		of or typed name and title
I hereby accept the I further agree to c	appointment as registered agent and omply with the provisions of all statu duties, and I am familiar with and ac	agree to act in tes relative to th	this capacity. e proper and complete
performance of my agent. Or, if this d	dutiés, and I am familiar with and ac ocument is being filed merely to refle	cept the obligat	ion of my position as registered
hereby confirm tha	t the corporation has been notified in	writing of this	change.
M) (i.e.	work	10/08/2015	3
Signatur	e of Registered Agent		Date
If signing on behalf	of an entity:		
Mary Walsh			
	or Printed Name		
	* * * FILING FEE	E: \$35.00 * * *	

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