

PO6000088319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

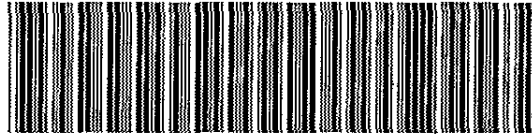
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

PA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R+S Space Coast, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 206000088319

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:

Ralph or Sabine Koehler
(Name of Contact Person)

D/B/A: No Sweat Landscaping Maintenance
(Firm/Company)

840 Vantage Str. SE
(Address)

Palm Bay, FL. 32908
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabine Koehler VP at (321) 956-4820
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2006

RALPH KOEHLER
840 VANTAGE ST SE
PALM BAY, FL 32908

SUBJECT: R & S SPACE COAST, INC.
Ref. Number: P06000088319

We have received your document for R & S SPACE COAST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have one registered agent so please decide if it will be Ralph or Sabine and then have that person sign their whole name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 506A00061399

Sabine Koehler / Sabine Koehler V

RECEIVED
06 OCT 23 AM 8:00
DIVISION OF CORPORATIONS

**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 _____ 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 Space Coast, Inc.
2. The principal office address: 2020 Cattlemen Road Suite 100
Sarasota, FL 34232 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2006 Document number: 206000088319
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Olson, Anthony E
2020 Cattlemen Road Suite 100
Sarasota, FL 34232

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sabine Koehler
840 Vantage St. SE
(P.O. Box NOT acceptable)
Palm Bay, FL 32908

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TALLAHASSEE FLORIDA

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.

Sabine Koehler VP
(Signature of an officer or director)

Sabine Koehler VP
(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.

Sabine Koehler
(Signature of Registered Agent)

10/10/06
(Date)

If signing on behalf of an entity:

(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)