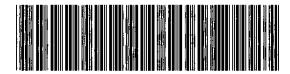
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Certified Copies	Cortificator	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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R.A.

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2-27-09

COVER LETTER

Amendment Section Division of Corporations

TO:

·	
SUBJECT: TRHB, Inc.	_
(Name of Corp.	oration)
DOCUMENT NUMBER: P07000065810	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Kimberly H	Israel
Kimberly H (Name of Contac	t Person)
Hold 9 I	orgal
Held & I (Firm/Comp	any)
6320 St. Augustine	e Road. Suite 2
6320 St. Augustine (Address)
Jacksonville (City/State and 2	FL 32217
For further information concerning this matter, please call:	
Kimberly H. Israel	at (904) 398-7038
Kimberly H. Israel a (Name of Contact Person)	t (<u>904</u>) <u>398-7038</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	nt of State
Enclosed is a \$55.00 check made payable to the Departmen	it of Blate.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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: TRHB, Inc.
2. The principal office address: 6208 Birchwood Ave.
Tuscaloosa, AL 35405
3. The mailing address (if different): 1130 UNIVERSITY BLVD, Ste B9 PMB 545, TUSCALDOSA, AL 3540 LUPS BOX)
4. Date of incorporation/qualification: 06/04/2007 Document number: P07000065810
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)
Held & Israel
1301 Riverplace Blvd. Suite 1916
Jacksonville, FL 32207
1301 Riverplace Blvd. Suite 1916 Jacksonville, FL 32207 6. The name and street address of the new registered agent (if changed) and /or registered office a control of the control of th
Held & Israel 6320 St. Augustine Pond. Suite 2
6320 St. Augustine Road, Suite 2 (P.O. Box NOT acceptable)
Jacksonville, FL 32217
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.
MINITH SECRETARY (Signature of an officer or director) RICEY SMITH - SECRETARY (Printed or typed name and tifle)
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 Agent) 2-24-07 (Date)
If signing on behalf of an entity:
Kimberly H [Srae] (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 * * *