P07000077166

(Re	equestor's Name)					
(Ac	(Address)					
(Address)						
(Addiess)						
(Cr	ty/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bu	ısiness Entity Nar	me)				
(Do	ocument Number)	:				
		,				
Certified Copies	_ t_Certificate	s of Status				
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Special Instructions to	Filing Officer:					
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Office Use Only



900157456249

SECRETARY OF STATE TALLAHASSEE, FLORIDA

R.A

TB

6/23/09

COVER LETTER

TO:	Amendment Section Division of Corpora	n ations		
SUBJI	ECT:	Rose Real Estate	Services, Inc.	
		Name of C	orporation	
DOCU	MENT NUMBER:	P07	000077166	
The en	closed Statement of	Change of Registered Offic	e/Agent and fee are submitted	for filing.
Please	return all correspond	ence concerning this matte	r to the following:	
		Michae	el Rose	
			ntact Person	
		Rose Real Esta	te Services, Inc.	
			ompany	
		7499 Lon	don Lane	
			ress	
	·	Roca Rator	, FL 33433	
		City/State a	nd Zip Code	
		mrose@rose	earoup.com	
	E-mail		uture annual report notifica	tion)
For fur	ther information con	cerning this matter, please	call:	
	Micha	el Rose		544_8185
		ntact Person	at (561) Area Code & Daytime	Telephone Number
Enclos	ed is a \$35.00 check	made payable to the Depar	tment of State.	
	<u>M</u> 2	niling Address:	Street Address:	
		nendment Section	Amendment Section	
		vision of Corporations D. Box 6327	Division of Corpo Clifton Building	orations
		llahassee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

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

•	•		507.1508, or 617.1508, Flo I under the laws of the Stat	
in orde	r to change its registered	d office or registered	l agent, or both, in the State	e of Florida.
1. The name of t	the corporation: Rose	Real Estate S	Services, Inc.	
2. The principal	office address: 7499 L	ondon Lane		
Boca Rato	on, FL 33433			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	07/05/2007	Document number:	P07000077166
	I street address of the cur tment of State: (If resign		t and registered office on fi	ile with the
	CORPORATION	SERVICE COMP	PANY	t
	1201 HAYS STRE	ET		200 1A
	TALLAHASSEE F	L 32301-2525		ZING JUN 22 SECRETARY TALLAHASSE
6. The name and (if changed):	l street address of the ne	w registered agent (i	f changed) and /or registere	m or one
	Michael Rose			PH 12: 54 COF STATE E.F.LORIDI
	7499 London Lane			
	Boca Raton, FL 3	P.O. Box NOT acc	ceptable	
			_	
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so e.
	vhore		Michael Rose	President
•	re of an officer or director		Printed or typed nam	e and title
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle s been notified in writin	istered agent and a isions of all statute: d accept the obliga ct a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
	nature of Registered Agent	7	6/12/	
·	chalf of an entity:	`	. Daw	
T	yped or Printed Name			

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