PD8000013308

	(Requestor's Name)
	(Address)
·	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
<u></u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ons to Filing Officer:

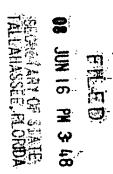
Office Use Only

Gove outh to address correct pt address



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RA chg. SP 6/19

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: RUBI'S GROUP HOMES INC (Name of Corpora	ation)	
(Name of Corpora	ition)	
DOCUMENT NUMBER: P08000013308		
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:	
PEDRO RUBI	,	
(Name of Contact I	Person)	
RUBI'S GROUP HOMES INC		
(Firm/Compan	y)	
P.O. BOX 651364		
(Address)		
MIAMI, FL 33265 (City/State and Zip Code)		
	Code)	
For further information concerning this matter, please call:		
PEDRO RUBI at (305 992-2437	
(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	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
,	Tallahassee, FL 32301	

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge 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	he corporation: RUBI'S GROUP HOMES INC
2. The principal of	office address: 325 CALUSA STREET KEY LARGO FL 33037
3. The mailing ac	ddress (if different): P.O. BOX 651364
4. Date of incorp	oration/qualification: 02/05/2008 Document number: P08000013308
	street address of the current registered agent and registered office on file with the tment of State:
	ALINA RUBI
	9145 SW 40 STREET, STE 2-C
	MIAMI, FLORIDA 33165
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office of
	PEDRO RUBI
	325 CALVSA STREET
	(P.O. Box NOT acceptable) KFY LAR (0 F1 33D37
	11-1-11-11-11
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
(Signal	PRESIDENT Te of an officer or director) (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this neg filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	dir 06/10/08
()	mature of Registered Agent) (Date)
(T	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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