(Red	questor's Name)		-	
(Ado	dress)		-	
(Add	dress)		-	
(City	y/State/Zip/Phone	#)	-	
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)	-	
(Document Number)				
Certified Copies	Certificates	of Status	-	
Special Instructions to I	Filing Officer:	<u> </u>		
			/	
			_	

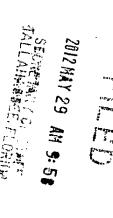
Office Use Only



100235453291

05/29/12--01024--001 **35.00

C. North



COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT, R PROCESSOR, INC.

Name of Corporation

DOCUMENT NUMBER: P09000027423

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:

Damon C. Glisson, Esquire

Name of Contact Person

Law Office of Damon C. Glisson

Firm/Company

5908 Fortune Place

Address

Apollo Beach, Florida 33572

City/State and Zip Code

april@glisson1.net

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

For further information concerning this matter, please call:

Damon C. Glisson

网络凯斯斯森 医重化环 人名 医皮肤 医耳点检查性点点

,813 ,6

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

MARY THE STATE OF THE STATE OF

CR2E045 (03/12)

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State oj registered agent, or both, in the State of	Florida
1. The name of	the corporation: R Processor,	Inc.	
2. The principal	office address: 426 Halifax B	ay Court, Apollo Beach, Flo	rida 33572
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 3/25/200	Document number: P090	00027423
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file resigned)	with the
	Richard W. Rohde		_
	426 Halifax Bay Court		
	Apollo Beach, Florida 3	3572	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered of	
	Damon C. Glisson, Esq	uire	29 F
	5908 Fortune Place		
	Apollo Beach, Florida 3	ox NOT acceptable 3572	- 35 9. 5
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by areen notified in writing of the change.	n officer so
- Joseph	are of an officer or director	Richard W. Rohde, Property of typed name and	
I hereby accept I further agree	the appointment as registered ag to comply with the provisions of a fmy duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my positic to reflect a change in the registered off ified in writing of this change.	mplete on as registered
Sig	mature of Registered Agent	5/24 Date	13
If signing on be	chalf of an entity:		
т	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 * * *