P10000001627

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

Office Use Only



700180704447

01/26/11--01008--004 **35.00

2011 JAN 25 P 2: 53
SECRETARY OF STATE

At Change Thereis 1-26-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	RLB	Group, Inc.				
DOCUMENT	NUMBER: PIC	000000 [627				
The enclosed St	atement of Change of Register	ed Office/Agent and fee are sub	mitted for filing.			
Please return all	correspondence concerning th	is matter to the following:	_			
		J				
	Rafael L. Barreras					
	Name of Contact Person					
	RLB Group, Inc.					
	Firm/Company					
	1309 Falling Star Lane					
	Address					
	Orl	Orlando, FL 32828				
世皇	City/State and Zip Code					
50	DI B.C.	ounlne@Gmail.com				
= 15 H	RLBGroupInc@Gmail.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Rafael L. Barreras at (321) 946-7587 Area Code & Daytime Telephone Num 1.00 check made payable to the Department of State.					
	•	•	,			
7		-lass11.				
or runner into	mation concerning this matter,	, piease caii:				
=	Rafael L. Barreras	at (321)	946-7587			
	Name of Contact Person	Area Code & Da	ytime Telephone Nur			

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

January 4, 2011

RAFAEL L. BARRERAS RLB GROUP, INC. 1309 FALLING STAR LANE ORLANDO, FL 32828

SUBJECT: RLB GROUP, INC. Ref. Number: P10000001627

We have received your document for RLB GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00000149

RECEIVED

11 JAN 25 AM 10: 07

SECPERATE OF STATE

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

statement of cha	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida		
	the corporation: RLB C		a agen, or bon, in the star	o oy 1 to tout.		
	•	<u> </u>	e, Orlando, FL 32828			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	1/6/2010	Document number:	P10000001627		
	d street address of the cur rtment of State: (If resign		ent and registered office on f	ile with the		
	CORPORATION S	ERVICE COM	PANY			
	1201 HAYS STREET					
	TALLAHASSEE FL	. 32301 US		77.5		
6. The name and (if changed):		v registered agent	(if changed) and /or register	ed office HASS		
	Rafael L. Barreras					
	1309 Falling Star L	P.O. Box NOT a	cceptable	- 97.53		
	Orlando, Florida 32	828				
The street addras changed will	ess of its registered offic I be identical.	e and the street ac	ddress of the business offic	e of its registered agent,		
Such change wa	as authorized by resoluti he board, or the corporat	on duly adopted l ion has been noti	by its board of directors or fied in writing of the chang	by an officer so		
() Signatur	are of an officer or director	<u>></u>	Rafael L. Barrer	as, President		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as regit to comply with the provi nd I am familiar with and ing filed merely to reflect is been notified in writing	stered agent and sions of all statut I accept the oblig t a change in the g of this change.	agree to act in this capacil es relative to the proper an ation of my position as reg registered office address, I	hu.		
Sign	Mature of Registered Agent	<u> </u>	12/15/2 Date	010		
()	ehalf of an entity:					
1	Typed or Printed Name					

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