## 71000005881

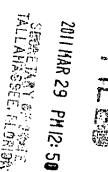
(Re	equestor's Name)					
(Address)						
(Ad	ldress)					
(Cit	ry/State/Zip/Phone	· #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
		ļ				

Office Use Only



300197245893

03/15/11--01015--006 \*\*35.00



23011



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011

RON E.SMITH RES REPTILE VENTURES, INC. 124 BORRELL BLVD ST. MARYS, GA 31558

SUBJECT: R.E.S REPTILE VENTURES, INC.

Ref. Number: P10000005881

We have received your document for R.E.S REPTILE VENTURES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 911A00006480



## COVER LETTER

TO:	Amendment S Division of C	Section orporations						
SUBJECT: RES Reptile Ventures, Inc.  Name of Corporation								
DOCI	JMENT NUMI	BER:P1	0000005881					
The er	closed Stateme	nt of Change of Registered Off	ice/Agent and fee ar	e submitted for filing.				
Please return all correspondence concerning this matter to the following:								
			3					
	Ron E. Smith Name of Contact Person							
	RES Reptile Ventures, Inc. Firm/Company							
		1.1110	Company					
	124 Borrell Blvd. Address							
		A	idiess					
	St. Marys, Ga,31558 City/State and Zip Code							
	resenterprises@hotmail.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
		on E. Smith	at ( 904	955-0307 & Daytime Telephone Number				
	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	Divisio Clifton 2661 E	address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

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

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Fl ed under the laws of the Sta d agent, or both, in the Sta	ate of Florida
1. The name of	the corporation: R.E.S	REPTILE VE	ENTURES, INC.	
2. The principa	office address: 5501 E	Beach Blvd., Sui	te 1, Jacksonville, FI,	32207
3. The mailing	address (if different): 12	4 BORRELL BL	.VD, ST MARY'S, GA	s, 31558
4. Date of incor	rporation/qualification:	01/17/2010	Document number:	P10000005881
	nd street address of the cur artment of State: (If resign		nt and registered office on	file with the
	BAKER, ERIC S			
	5151 PLAYPEN D	RIVE #3		
	JACKSONVILLE, I	FL, 32210		
6. The name an (if changed):		w registered agent (	if changed) and /or register	red office LLANASSEE
	Ron E. Smith			- 29 F
	<b>5</b> 501-1	Beach	Blud.	
	Jackso	P.O. Box NOT ac FOU i \emptyre	F1, 32	20 % 5
The street addr as changed wil	ess of its registered office	co and the street ad	dress of the business offic	ce of its registered agent,
Such change wauthorized by 1	as authorized by resolut he board, or the corpora	ion duly adopted by	y its board of directors or led in writing of the chan	by an officer so ge.
Signati	ure of an officer or director	/ 	Ron E. Smith, Ov	wner/ President
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as reg to comply with the provi nd I am familiar with and ing filed merely to reflect to been notified by writing	istered agent and a isions of all statute decept the obliga of change in the r spithis change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, i	ty. id complete performance istered agent. Or, if this I hereby confirm that the
- Fri	gnature of Registered Agent		3/14/11	
If signing on be	ehalf of an entity:		′ /	
1	Viped or Printed Name	<del></del>		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)