

P10000034660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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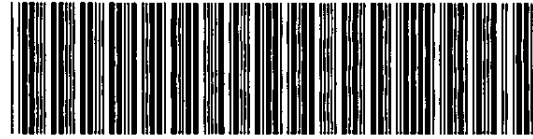
(Business Entity Name)

(Document Number)

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# BUSINESS ADDRESS CHANGE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Rhonda Robinson Products Inc.  
Name of Corporation

DOCUMENT NUMBER: P10000034660

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:

Rhonda Robinson

Name of Contact Person

Rhonda Robinson Products Inc

Firm/Company

9825 San Jose Blvd Suite 12

Address

Jacksonville, Fl. 32257

City/State and Zip Code

RhondaRobinsonProducts@yahoo.com

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

For further information concerning this matter, please call:

Rhonda Robinson

Name of Contact Person

at ( 904 ) 710-4722

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2013

RHONDA ROBINSON  
9825 SAN JOSE BLVD STE 12  
JACKSONVILLE, FL 32257

SUBJECT: RHONDA ROBINSON PRODUCTS INC.  
Ref. Number: P10000034660



We have received your document for RHONDA ROBINSON PRODUCTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the document.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 713A00028289

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Rhonda Robinson Products Inc
- 2. The principal office address: 9825 SAN JOSE BLVD STE 12  
SAR FL 32257
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

4195 Southside Blvd #103  
SAR FL 32216  
(Rhonda Robinson Products Inc)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rhonda Robinson  
9825 SAN JOSE BLVD #12  
SAR FL 32257  
P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS  
14 JAN 22 AM 11:47

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] PRESIDENT  
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 1/21/14  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Rhonda Robinson  
Typed or Printed Name

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