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COVER LETTER

Division of Corporations SUBJECT: 5+EALTH FISHING ROD'S INC. DOCUMENT NUMBER: P 1/0000 144 70 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: KICHARD W. RAYBUCK
Name of Contact Person STEALTH FISHING ROO'S INC 4625 Willow Wood CIRCLE SARASUTA FL 34241
City/State and Zip Code STENLTH/RODS Q VAHOO. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (941) 928-8287

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

TO:

Amendment Section

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

Pursuant to the provis statement of change is in order to ch	submitted for a co	rporation organiz	ed <mark>under the</mark>	laws of the State	of_FLOK	_		
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: STEPLTH FISHING ROOS INC. 2. The principal office address: 4625 WI/IOW WOOD CIRCLE 540450 TO FL 34241								
3. The mailing address								
4. Date of incorporation	on/qualification:	2/10/11	Docume	nt number:	2110000	1447	<u> </u>	
5. The name and stree Florida Department				ered office on fil	e with the			
alla errore della	RICHAR	20 W.	RAYBO	UCIZ				
	932	Corpl	SPRIN	165 ST.				
	ME16	DOURNE,	FL	32940	<u></u> ≥ ∞	201		
6. The name and stree (if changed):	t address of the new	v registered agent	(if changed)	and /or registered	CRETARY LAHASSE	I TOF END		
<u></u>		ORD W.			<u></u>	0 PH	Ш	
	4625	NILLOW P.O. BOX NOT ax SOTA	Ceptable	1 Circle	STATE	₩ ₩	D	
<u></u>								
The street address of as changed will be ide	its registered office entical.	e and the street ac	ldress of the	business office of	of its registered	agent,		
Such change was authauthorized by the boa	norized by resolution of or the corporation	on duly adopted b on has been notif	_					
Signature of an	officer or director	NES.	RICH	AKN W-K	A Shuck	PR	E5.	
I hereby accept the ap I further agree to con performance of my di agent. Or, if this doc hereby confirm that th	ppointment as regis uply with the provis tties, and I am fam ument is being filed he corporation has	stered agent and sions of all statute iliar with and acc d merely to reflect been notified in	agree to act es relative to cept the oblig t a change in writing of thi	in this capacity, the proper and tation of my posi the registered of s change	complete ition as register office address,	red I		
Med	gr <u> </u>			7/7/13	,			
Signature of . If signing on behalf o	f Registered Agent			Date				
		buck						

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