P11000032366

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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10/29/12

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Rosewood Interest, Inc.

Name of Corporation

DOCUMENT NUMBER: p11000032366

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:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL \$2701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

,,40/

332-4480

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

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

	provisions of sections 607.0502, 617.0502, 607.1508, c	
	inge is submitted for a corporation organized under the or to change its registered office or registered agent, or	
1 The name of	the corporation: Rosewood Interest, Inc.	
The principal	office address: 370 CenterPointe Circle Su	ite 1136
	e Springs, FL 32701	,
3. The mailing a	nddress (if different):	
4. Date of incorp	poration/qualification: 04/01/2011 Docum	ent number: p11000032366
	d street address of the current registered agent and registerent of State: (If resigned, enter resigned)	stered office on file with the
	Kathryn Smith - resigned	7 5 6 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		FILE ST 2
		FILED PASSEE
		FLS
6. The name and (if changed):	street address of the new registered agent (if changed)	FILED FILED STATE OF
	Mary Walsh	
	370 CenterPointe Circle Suite 1136	
	P.O. Box NOT acceptable	
	Altamonte Springs, FL 32701	
_	ss of its registered office and the street address of the be identical.	1
Such change wa authorized by th	s authorized by resolution duly adopted by its board of a board, or the corporation has been notified in writing A A	
MU		n Claber, Director
I hereby accept I further agree to performance of agent. Or if thi	the appointment as registered agent and agree to act of comply with the provisions of all statutes relative to my duties, and I am familiar with and accept the oblight of the complete to reflect a change in the corporation has been notified in writing of the	in this capacity. o the proper and complete gation of my position as registered in the registered office address, I
Mey	ature of Registered Agent 10/08/20	Date
f signing on b c l	nalf of an entity:	
Mary Walsh	1	
Ту	rped or Printed Name	*
	* * * FILING FEE: \$35.00 * *	"

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314