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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____sjohnson@jerue.com

REGISTERED AGENT CHANGE LARRY RICH INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
in order	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Larry Rich Inc.
2. The principal	office address: 35950 ROBERTS RD, DADE CITY, Florida 33525
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 9/14/2011 Document number: P11000081375
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	LAW OFFICES OF JOHN L. MANN, P.A.
	500 SOUTH FLORIDA AVENUE, SUITE #300
	LAKELAND, FL 33801
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Jam	Larry Rich, President Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity; to comply with the provisions of all statutes relative to the proper and complete and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Mull	2nd day of December, 2013
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
Mark Williams, A	
Ty	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
CR2E045 (03/12)
Fax Audit: H13000263580 3