7/2000735/4

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	<u> </u>
(0.5), 0.000, 0.0	,
PICK-UP WAIT	MAIL
	–
·	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Γ	
Special Instructions to Filing Officer:	-

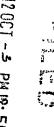
Office Use Only



900240188809

10/02/12--01009--017 **35.00







COVER LETTER

Division of Corporations
SUBJECT: Change of Roginstrul Mire agent Jon RUN4DEPLS Inc.
DOCUMENT NUMBER: P12000073514
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:
Name of Contact Person RUNG DEALS INC. Firm/Company 1949 SW29CH Address MIRAMAR, FL - 33029 City/State and Zip Code BIZO RUNG DEALS. (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALPA GUPTA , 954 , 505 4132
Name of Contact Person at (954) 505 4132 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301 *

CR2E045 (03/12)

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

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: RUNGDERLS TNC. 2. The principal office address: 19449 SOCA MIFRORE FL - 37029
2. The principal office address: 19449 Sto Ct. MIFAMPR FL - 37029
3. The mailing address (if different): 19445 SD 25 CL. MIRPMPR FC - ?3025
4. Date of incorporation/qualification: 68/28/2012 Document number: P1200073514
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)
ASERRAF JONATHAN
7950 NW S3KD Street. 337
MINMI FL 33166 W
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DLPA GOPTA
DLPD 60PTD 19449 SW29 Cf. MIKAMAR FL - 33-22 P.O. Box NOT acceptable
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 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 of Registered Agent 09/26/2012 Date
If signing on behalf of an entity:
DUPP CUPTA Typed or Printed Name
Typed or Printed Name

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