P14000079648

	(Requestor's Name)			
(Address)				
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	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RALSCH	Corporation
oobober	Name of Corporation
DOCUMENT NUMBER:	P14000079648
The analoged Ctatement of Char	CD i OCC /A 1 C 1 i 1 C

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:

Robb Schiefer			
Name of Contact Person	—		
RALSCH Corporation			
Firm/Company	_		
4516 E Hwy 20 #224			
Address			
Niceville FL 32578			
City/State and Zip Code			

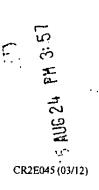
robb@leadershipeconomics.net

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

For further information concerning this matter, please call:

Robb Schiefer	at 1	902-1417
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

STA \overline{x} EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the .	State of Florida	this	_
 The name of t The principal 	he corporation: RALSCH Corpor office address: 1348 John Sims	ation Parkway Niceville	FL 32578		
3. The mailing a	ddress (if different): 4516 E Hwy 2	20 #224 Niceville	FL 32578		
4. Date of incorp	poration/qualification: 9/25/14	Document number:	P14000	07	964
	I street address of the current registered a tment of State: (If resigned, enter resigned		on file with the		
·	C T Corporation System				
	1200 South Pine Island Roa	nd			
	Plantation FL 33324				-
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or regi	stered office	SEP -	OIVISTALO
	Robert Schiefer			-8	
	1348 John Sims Parkway			PH 4:	440 440 440
	Niceville FL 32578	acceptable		25	
The street address changed will	ess of its registered office and the street be identical.	address of the business of	fice of its registe	red age	ent,
Such change was authorized by the	is authorized by resolution duly adopted board, or the corporation has been no	by its board of directors of the cha	or by an officer songe.	o	
Kignalu	re of an officer or director	R. P. Schiefer - P			_
I hereby accept	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a state document is being filed merely to reflict the corporation has been notified in	d agree to act in this cana	city	stered ss, I	
_64	1002	8/18/15			
_	nature of Registered Agent	Date			
11 Signing on be	half of an entity:				
Ty	ped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)