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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	Amendment Section Division of Corporations	
	Specialized Rockets INC.	
SUBJEC	T:Name of Corp	oration
	P15000086608	
DOCUM	ENT NUMBER:	
The enclo	osed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to	the following:
	Julia Guderian	
	Name of Contac	et Person
	Specialized Rockets INC.	
	Firm/Comp	pany
	1040 scenic dr	
	Address	S
	Justin TX 76247	
	City/State and 2	Zip Code
	Ejangel12@me.com	
	E-mail address: (to be used for futu	re annual report notification)
For furthe	er information concerning this matter, please call	l:
Julia Gi		352 316-0133
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed	is a \$35.00 check made payable to the Departme	ent 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

BOTH FOR CORPORATIONS

	provisions of sections 607.0.					
	ange is submitted for a corpo er to change its registered off		•	· —		•
in orae		ed Rockets INC.		ne siate oj Fi	oriaa.	
1. The name of	the corporation:	ic dr. Justin TX 7				
2. The principal	office address:	iic ur. Justin TA /				·
3. The mailing a	N/A address (if different):					
	Octo	-h04 004F		D4 5000	00000	
4. Date of incor	poration/qualification: Octo		Occument number	er:		
5. The name and	d street address of the curren rtment of State: (If resigned, Beth Jordan	t registered agent an			h the	
	-					
	14327 SW 83rd terr	 	.,			
	Archer FL 32618	······································				
6. The name and (if changed):	d street address of the new re	egistered agent (if ch	anged) and /or r	registered offi	16 HAR STOKET TALL ALLA	
	Renee Douglas				R 18 TAS) TASS	-
	3109 NW 79th Court				PH PH	
	Gainesville FL, 32606	P.O. Box NOT acceptabl	c		2:26 SIAIC LORIDA	\bigcirc
The street address changed will	ess of its registered office ar	nd the street address	s of the business	office of its	registered agei	nt,
Such change wa authorized by th	as authorized by resolution on the board, or the corporation	duly adopted by its has been notified in	board of directon writing of the	ors or by an or change.	fficer so	
	601	Julia	Guderian	owner		
	ire of an officer or director		•-	ed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed m that the corporation has be	red agent and agree ns of all statutes rel ir with and accept ti serely to reflect a ch en notified in writin	to act in this ca ative to the prop he obligation of nange in the reg ng of this change	apacity. per and comp my position o istered office e.	olete as registered address, I	
Kênee	mature of Registered Agent		3/1	6/16		
, Sig	mature of Registered Agent		Ī	Date		
If signing on be	chalf of an entity:					
T	yped or Printed Name					
1	Jan or rimmeriality					

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