P16 000075328

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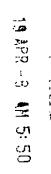
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COVER LETTER

TO: Amendment Section Division of Corporations Relational Concepts, Inc. SUBJECT:_ Name of Corporation DOCUMENT NUMBER:___ 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: Elizabeth Medrish Name of Contact Person Relational Concepts, Inc Firm/Company 1849 S Ocean Drive, Apt. PH14 Address Hallandale Beach, FL, 33009 City/State and Zip Code lizme@relational-concepts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 973 258-9655 Elizabeth Medrish Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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

statement of change is si	ns of sections 607,0502, 617,0 ubmitted for a corporation org nge its registered office or reg	ganized under the laws of the	e State of <u>Florida</u>
1. The name of the corpo	oration: Relational Concer	ots, Inc.	
2. The principal office address: 1849 S Ocean Drive, Apt. PH14			
Hallandale Beacl	h. FL. 33009		
3. The mailing address (if different):		
4. Date of incorporation	/qualification: 1986 (/rz/1849 ocument number	P16000075328
5. The name and street a	iddress of the current registere f State: (If resigned, enter resig		e on file with the
Fred I	Khodorov		
1849	S Ocean Drive, Apt. PH1	14	<u>ه</u> يـ
Hallar	Hallandale Beach. FL, 33009		
6. The name and street a (if changed):	address of the new registered a	gent (if changed) and /or reg	gistered office 50
Elizab	Elizabeth Medrish		
1849	1849 S Ocean Drive, Apt. PH14		,
Hallar	PO Box Nondale Beach, FL, 33009	IO1 acceptable	
	registered office and the stre		
Such change was authorized by the board	rized by resolution duly adop , or the corporation has been		or by an officer so uange.
Signature of an off	heer or director	Fred Khodorov	name and title
I further agree to comp performance of my duti- agent./Or. if this docum	ointment as registered agent ly with the provisions of all st es, and I am familiar with an nent is being filed merely to r corporation has begn notified	tatutes relative to the prope d accept the obligation of n effect a change in the regis	r and complete vy position as registered
Centre!	if Motor	04/01/2019	
Signature of R	egistered Agent	Dat	•
If signing on behalf-of a	in entity:		
Elizabeth Medrish	inted Name		
Type of th		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)