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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone

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REGISTERED AGENT CHANGE ROBERT JAMES SALES, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	Robert James Sales, Inc.		
50201	Name of Corp	oration	·
DOCU	P33060 UMENT NUMBER:		
The en	nclosed Statement of Change of Registered Office/A	gent and fee a	re submitted for filing.
Please	e return all correspondence concerning this matter to	the following	:
		Ü	
	Name of Contac	t Person	
	Firm/Comp		
	· ·		
	Address		71.** <u></u>
	City/State and Z	ip Code	
	rdg323@aol.com		
	E-mail address: (to be used for futur	e annual repo	ort notification)
For furt	rther information concerning this matter, please call:		
Stacy B	Briggs	585	. 987-2867
	Name of Contact Person	Area Code) & Daytime Telephone Number
Enclose	sed is a \$35.00 check made payable to the Departmer	nt of State	
	,		
	Mailing Address: Amendment Section	Street A	<u>address:</u> ment Section
	Division of Corporations P.O. Box 6327		n of Corporations Building
	Tallahassee, FL 32314		xecutive Center Circle
	a minimusely a ser end IT		ssee, FL 32301

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CR2E045 (03/12)

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

statement of change is sub	mitted for a corporation org	302, 607,1308, or 617,1308, Florida Sta unixed under the laws of the Etate of <u>Ny</u> stered agent, or both, in the State of Flo	<u>Y</u>	
	ation: ROBERT JAMES SALE		* 1 456	
2585 Walden Avenue, B	inffalo, NY 14225			
3. The mailing address (if a				
4. Date of incorporation/qu	elification; 03/06/1991	Document number: p33960		
5. The name and street add Florida Department of S	ress of the current registered tate: (If resigned, enter resign	agent and registered office on file with sed)	the	
Corporatio	n Service Company			
1201 Hays	Street		5,	
Tallations	FL 32301			וד.
(if changed):	ess of the new registored age	nt (if changed) and for registered office	ASSELFLO	
c/o C T Co	rporation System, 1200 South 1	ine Island Road	· 漢堂 🚊	3
Plantation,	P.O. Box NO Florida 33324	Facephable .		,
-		address of the business office of its re-		,
Signature of the Officer	AF director	by its board of directors or by an official in writing of the change. Robe + Clabon Properties and line and	e Sure	. .
I hereby accept the appoint further agree to comply we performence of my diller, agent. Or. If this accument hereby confirm that the confirmation that the con	iment as registered agent an ilh live provisions of all stel and I an familiar with and i is being flea marely to reli poration has been notified t	d agree to act in this capacity, was relative to the proper tha complet poept to obligation of my position as ect a change in the registered office ac n writing of this change.	le registerad daress, l	
By: Corporation Sys By: Resignment Register	4 /auto	. 66 (03 /20)	<u>u</u>	
If signing on behalf of an e		MARGARET E. ROUTZAHI Special Assistant Secretary	N	
Typed or Printed		TOD. TO SE OF WHICH		
MAIL TO: DIV CR2B045 (03/12)	* * * FILING PI KE CHECKS PAYABLE TO PLO ISION OF CORPORATIONS, P	e: 335.00 ° ° ° Prida Department of State O. Box 6327, Tallahasseb, FL 3231	4	

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