Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: J.KEVIN DRAKE, P.A.

Account Number : I20020000002

Phone

: (941)954-7750

Fax Number

: (941)951-1509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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| AUUI ESS: | | | |

REGISTERED AGENT CHANGE RUMS, INC.

| Certificate of Status | 0 |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RUMS, INC.

Name of Corporation

DOCUMENT NUMBER: P93000025125

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:

J. KEVIN DRAKE, ESQ.

Name of Contact Person

J. KEVIN DRAKE, P.A.

Firm/Company

1432 FIRST STREET

Address

SARASOTA, FL 34236

City/State and Zip Code

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

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

₇941 ₃954-7750 X 108

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

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CR2E045 (03/12)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rechange its registered office or registered agent, or both, in the State of Florida. | _ | |
|--|---|---------------|--------------------|
| 1. The name of t | he corporation: RUMS, INC. | | |
| 2. The principal | 7465 41 TINITE AU 5456 674 FL 04004 | | , |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incom | poration/qualification: APRIL 6, 1993 Document number: P93000025125 | | |
| | street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) | | |
| | SHANTU PATEL | | |
| | 3432 N. TAMIAMI TRAIL | 9 8 15 | MOISIVE MOISIVE |
| | SARASOTA, FL 34234 | 0CT | SON OF |
| 6. The name and (if changed): | i street address of the new registered agent (if changed) and /or registered office | -6 ÅH | OF PORT OF ALL |
| | BINDIYA PATEL | δΰ | 71 71 |
| | 3432 N. TAMIAMI TRAIL | 61 | |
| | P.O. Box NOT acceptable SARASOTA, FL 34234 | | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered a be identical. | gent, | |
| | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | | |
| Bund | Lin Rati BINDIYA PATEL, PRESIDENT | _ | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | The appointment as registered agent and agree to act in this capacity. It he appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. | d | |
| Bind | line Pats 10/5/16 | | |
| If signing on be | chalf of an entity: | | |
| | Yped or Printed Name (((H16000248652 | 3) |)) |