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CORPORATION	NAME(S) & DOCU	MENT NUMBER(S), (if known):	
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2(Cor	poration Name)	(Document	#)	
3(Cor	poration Name)	(Document	#)	
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NonProfit	Resignation of R	.A., Officer/Director		
Limited Liability	Change of Regist	tered Agent	·	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of $FLoRIDA$
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: R.N.K. INC.
2. The mailing address of the corporation is: 268 EAST MYERS BLVD
MASCOTTE LEL 34753
3. Date of incorporation/qualification: 7/10/95 Document number: 795000 55449
4. The name and address of the current registered agent and office:
KOUROSH NAHALI
768 E. MYERS BLVD ZES S
MASCOTTE, FL 34753
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable 2015)
NAUALI KAMPAN
NAVALI KAMPAN 268 E. MYERS BLUD SEE
MASCOTTE, FL 34753
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
KOUROSH NAHALI (Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Natal Kampan 12-9-97 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
KAHALI KAMRAN REGISTERED AGENT
(Typed or Printed Name) (Capacity)

CR2E045(3/96)