P95000086806

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COVER LETTER

Division of Corporations DOCUMENT NUMBER: P95000086806 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: Phonda Gunazzo
(Name of contact person) (Firm/Company) S Plagler Dr., Ste 910 (Address) West Palm Beach FL 33401
(City/state and zip code) For further information concerning this matter, please call: Phonds Guinazzo at (Sol) 832 9292

(Name of contact person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section

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

Pursuant to the provision statement of change is su	ibmitted for a cor	poration organized u		State of	
1. The name of the corpo	oration: Rayr	rend Flo	yd Desig	in The	- 4
2. The principal office as West Pa	idress. 10 C	DL 505	S Piag	lee DR	Ste 910
3. The mailing address (i	if different):				
4. Date of incorporation/ 5. The name and street a	·				86806
Florida Department of	_				
0/0		sas s	Plagler DR		
We	est Mai	m Beach	FL 33	48/	
6. The name and street as (if changed):	ddress of the new	registered agent (if o	hanged) and /or regis	tered office	
We	North (P.O.)	7 Beach	St., Suite FL 334	(D) HO	FILED
The street address of its as changed will be iden	registered office	and the street addre	ess of the business of	fice of in principles	કારેત agent, ડા
Such change was milhor authorized by the board	rized by recolution, or the corporation	on duly adopted by it ion has been notified	ts board of directors in writing of the cha	or by an officer ange. yd, UP I hame and title)	so
I hereby accept the app I further agree to comp of my duties, and I am f document is being filed corrovation has been n	ointment as regi. ly with the provis amiliar with and merely to reflect offind in writing	stered agent and agr sions of all statutes r l accept the obligatio t a change in the reg of this change.	ee to act in this cape elative to the proper in of my position as i istered office addres.	ncity, cand complete peregistered agent, s, I hereby confit	erformance Or, if this rm that the
If signing on behalf of a			/ /		
(Typed or Pr	inted Name)	··-/		=	

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