

P97000091148

Requester's Name

**RHODES HOLDINGS, INC.**  
500 Australian Avenue So., Suite 110  
West Palm Beach, FL 33401-6246

800003382598--7  
-09/06/00--01013--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED STATE  
SECRETARY OF CORPORATIONS  
00 SEP -6 PM 1:00

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

*QA Address Chg.*

Examiner's Initials *VB*

**STATEMENT OF CHANGE OF REGISTERED OFFICE FOR  
CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2),  
Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the  
State of Florida submits the following statement in order  
to change the registered office in Florida.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -6 PM 1:00

1. The name of the corporation: Florida Interchange Corp.  
(Document P97000091148)

2. The street address of the current registered office:

1400 Centerpark Blvd  
6th floor  
West Palm Bch 33401

3. The street address of the new registered office:

500 Australian Ave So  
Suite 110  
West Palm Beach FL 33401

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 9/1/00

[Signature]  
(Signature of Registered Agent)

Paul Rhodes  
(Printed or Typed Name)

**Filing Fee: \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**