

From :

PHONE No. :

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90254 023 ***150.00

OW: FILING FEE AFTER MAY 1ST IS \$550.00

OFFICE REGISTRATION REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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SENT # P 980001005 22 ✓

RASK, INC.

Business Name: 9777 SAMPLE ROAD
 Mailing Address: 9777 SAMPLE ROAD
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>12/2/98</u>	4. FFI Number <u>65-0885280</u>	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

I, the undersigned, being the person or persons authorized to execute this statement on behalf of the corporation, do hereby certify that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE	1. TITLE	☒ Change ☐ Addition	
☐ DELETE	2. NAME		
☐ DELETE	3. STREET ADDRESS		
☐ DELETE	4. CITY-ST-ZIP		
☐ DELETE	5. TITLE	☐ Change ☐ Addition	
☐ DELETE	6. NAME		
☐ DELETE	7. STREET ADDRESS		
☐ DELETE	8. CITY-ST-ZIP		
☐ DELETE	9. TITLE	☐ Change ☐ Addition	
☐ DELETE	10. NAME		
☐ DELETE	11. STREET ADDRESS		
☐ DELETE	12. CITY-ST-ZIP		

I certify that the information supplied with this filing is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am a director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 if changed, or in an addendum with an address.

SIGNATURE AND TITLE OF THE PERSON OR PERSONS AUTHORIZED TO EXECUTE THIS STATEMENT ON BEHALF OF THE CORPORATION

RX:9600bps 99/04/29 22:11 By:A&A INSURANCE

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