

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	•	
. (Bu	siness Entity Nan	ne);
· " (Do	cument Number)	
Certified Copies	Certificates	s of Status
		,
Special Instructions to	Filing Officer:	
··· <u> </u>		

Office Use Only

a gyv



900160993369

09/25/09--01005--021 **35.00

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

-

Physis &



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

9/21/2009

STATE:

FLORIDA

REP UNIT:

ROLES MARKETING

INTERNATIONAL, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #17798 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ROLES MARKETING INTERNATIONAL, INC. (Name of Corporation)								
DOCUMENT NUM	4BER: <u>P99000000680</u>							
The enclosed Statem	nent of Change of Registered Office	e/Agent and fee are submitted for filing.						
Please return all corr	respondence concerning this matter	r to the following:						
Myra Homer (Name of Contact Person)								
Capitol Corporate Services, Inc. (Firm/Company)								
800 Brazos, Suite 400 (Address)								
Austin, Texas 78701 (City/State and Zip Code)								
For further informat	ion concerning this matter, please c	call:						
(Nan	Myra Homer ne of Contact Person)	at (<u>800</u>) 345-4647 (Area Code & Daytime Telephone Number						
Enclosed is a \$35.00	check made payable to the Depart	tment 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						

Return acknowledgment to:

Capitol Services, Inc.

P.O. Box 1831 Austin, TX 78767
800/345-4647

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

statement of ch	: provisions of sections (ange is submitted for a ler to change its register	corporation organ	ized under the	laws of th	e State of <u>F</u>	LORIDA	
	the corporation:	ROLES M			-		
2. The principa	l office address: 1975 S						
	Beach, FL 33421						
3. The mailing	address (if different): P	O Box 210759					
Royal Pal	lm Beach, FL 33421			-			
4. Date of incor	rporation/qualification:	12/29/1998	Docume	nt numbe	. <u>P990000</u>	00680	
	ed street address of the c artment of State:	urrent registered ณุ	gent and regist	ered offic	e on file with	the	
	Corporation Service C	Company					
	1201 Hays Street						
	Tallahassee, FL 3230	1				7009 SF TAS	~~~*****
6. The name an (if changed):	d street address of the n	ew registered ager	t (if changed)	and /or re	gistered offic	SEP 25	
	Capitol Corporate S	Services, Inc.		4		SEE	
	155 Office Plaza D	rive, Suite A				FLOS	F.
	Tallahassee	O. Box. NOT acceptable;	Ftorida		32301	Selp Selp Selp Selp Selp Selp Selp Selp	09
The street addr	ress of its registered of	fice and the street	address of the	business	office of its	registered agent,	
Such change wauthorized by t	as authorized by resolute board, or the corpor	ation duly adopted ration has been no	l by its board tified in writi	of directong of the	rs or by an c change.	officer so	
- Bigna	naced (no officer by director)		RICHARD	(Printed or ty	S Pool name and till		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as re to comply with the pro nd I am familiar with a ing filed merely to refl s been notified in writi	gistered agent an wisions of all stati ind accept the obli ect a change in th ing of this change.	d agree to act utes relative to lgation of my e registered of	in this co o the prop position of ffice addr	ipacity. ier and comi is registered iess, I hereby	plete performance agent. Or, if this v confirm that the	
Dua	Mic Cas ignature of Registered Agent)		100 TO 10	9-	21-0	9	
If signing on be	ehalf of an entity:						
Defanle Case, Ass	st. Secretary on Behalf of C	anitol Comorate Servi	ces. Inc.				

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

MAKE CUECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

(Typed or Printed Name)