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DATE: 9/29/14

NAME: ROYAL BRIDGE, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	The name of the corporation: ROYAL BRIDGE, INC.					
2. The principal office address:		Palm Harbor	FL	34683		
3. The mailing address (if different):	rth	Palm Harbor	FL	34683		
4. Date of incorporation/qualification:	May 21, 1999	_ Document number;	P99000046512			
5. The name and street address of the cu Florida Department of State: (If resig		and registered office on	file with the			

REGISTERED AGENT SOLUTIONS, INC.

155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

Tallahassee, FL 32301

P.O. Box NOT acceptable

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, or the corporation has been notified in writing of the change.

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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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

of Registered Agent imatur

If signing on behalf of an entity:

Lucy Rose, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)