

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	Business Entity Name)	
(D	Occument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
TALLAHAS SEE STATE

## **COVER LETTER**

Division o	of Corporations	
SUBJECT:	R.G. R Enter Pris	oration Inc.
DOCUMENT NU	JMBER:	
The enclosed State	ement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
-	Name of Contac	t Person
	Firm/Comp	any
-	Address	
	City/State and Z	ip Code
-	E-mail address: (to be used for future	e annual report notification)
_	ation concerning this matter, please call:	
ر مرا کی	NA COVERRA	Area Code & Daytime Telephone Number
Na	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departmen	nt of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Taliahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

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

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 \( \int \) (657.64)
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: R. G. R. Carles Physics, Jene
2. The principal office address: 10.7.2.5 S. W. 210. Street Unit 208
3. The mailing address (if different):
4. Date of incorporation/qualification: \(\sum{\sumsymbol{VWc/5}/\sum{\sum}}\) Document number: \(\sum{\sum 9900005430}\)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Jurge M. Rod Rigiez
10725 S.W 216 St. # 308 2
Torge M. Rodriguez 10725 S.W 216 St. # 308 TARRES SE TO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELENA CHERRA
24651 5.00107 Ave FR 29
14:40 Steril FCA 33031
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.
Signature of an officer of director  Signature of an officer of director  Printed or typed name and title
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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