Fax Server Florida**/**I

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

Email Address:

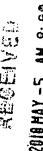
REGISTERED AGENT CHANGE RNBF COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rt o change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: RNBF COMPANY
2. The principal	office address: 2211 OKEECHOBEE ROAD; FORT PIERCE FL 34950-6552
3. The mailing a	ddress (if different): ATTN: ACCOUNTING 2810 S. U.S. 1 FORT PIERCE FL 34982
4. Date of incorp	poration/qualification: 09/05/1991 Document number: S78641
	street address of the current registered agent and registered office on file with the timent of State:
	FRANK H. FEE III, ESQ.
	426 AVENUE A
	FORT PIERCE FL 34950
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	as of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the comporation has been notified in writing of the change.
Riging y	A Mr. Oliveria LYDIA A METLWAIN, ASSI, CORP SECRETHRY are of an officer or director) (Printed of typed barne and title)
I hereby accept I further agree of my duties, an document is bei corporation has Corporati	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance at a manifest and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. The provided Campany
By:	guidate of Registered Agent) (Date)
If signing on be	shalf of an entity: Froy Todd Ss its agent 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 PEE: \$35.00 * * *

CR2E045 (8/05)