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J. HARRIS

COVER LETTER

INHS18 (2/14)

TO:	Registration Section : Division of Corporations						
SUBJI	RFH OCALA, LLC						
	bility Company						
Dear S	ir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
MELI	SA MARTIN						
	Name of Person		_				
RFH OCALA, LLC							
	Firm/Company		_				
4107	NORTH HIMES AVENUE, 2ND FLC	OR					
	Address		_				
TAMPA, FLORIDA 33607							
	City/State and Zip Code		_				
MISSY@ROCHESURETY.COM							
E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter, ple	ase call:					
MELI	SA MARTIN	813 at (623-5042				
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: RFH OCALA, I	LLC		
. (a)	RFH OCALA, LLC	(t	RFH OC	ALA, LLC
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (c	,	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4107 NORTH HIMES AVE, 2ND FLOOR		4107 NO	RTH HIMES AVE, 2ND FLOOR
	TAMPA, FLORIDA 33607	-	TAMPA,	FLORIDA 33607
	07/13/2009		L0900006	7235
. (a)	Date of filing/registration in Florida MELISA MARTIN	4.		Document number
(u)	Registered Agent and Registered Office shown on the records of the RFH OCALA, LLC	e Florida	a Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A. 1910 ORIENT ROAD	<u>DDRESS</u>	<u>s)</u>	
	TAMPA .FL ³	33619		₩ (c). — — —
(b)	MELISA MARTIN Enter name of NEW Registered Agent and/or NEW Registered Office address:			IS JUL 14
	RFH OCALA, LLC	Jilice au	<u>uress</u> .	
	NEW Registered Office Address:			10880 1743 1743
	4107 NORTH HIMES AVENUE, 2ND FLOOR			
	TAMPA , FL	33607		
he cha gent v vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the l	the regi bility confither the linding time in the linding the lind	stered office ompany, it is nited liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
l here provisi he obl o mere otified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	e to ac perform for in ereby c	t in this capa nance of my a Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been