

PO/0000003921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

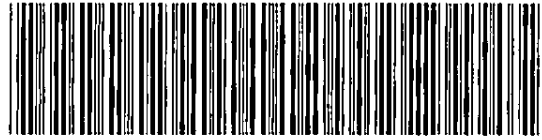
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700416566317

RA & PO change

FILED
2023 OCT 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 16 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

R.C.B OF HIGHLANDS COUNTY, INC.

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

© 1998 RCB of Highlands County, Tallahassee, FL, LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R.C.B. OF HIGHLANDS COUNTY, INC.
Name of Corporation

DOCUMENT NUMBER: P01000003921

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CLIFFORD R. RHOADES
Name of Contact Person
CLIFFORD R. RHOADES, P.A.
Firm/Company
2141 LAKEVIEW DRIVE
Address
SEBRING, FL 33870
City/State and Zip Code
FRONT@CRRPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIFFORD R. RHOADES at (863) 385-0346
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: R.C.B. OF HIGHLANDS COUNTY, INC.

2. The principal office address: 103 SOUTH RIDGEWOOD DRIVE, SEBRING, FL 33870

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/11/2001 Document number: P01000003921

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)

KATHRYN W. WHITLOCK
103 S. RIDGEWOOD DRIVE
SEBRING, FL 33870

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

CLIFFORD R. RHOADES
2141 LAKEVIEW DRIVE
SEBRING, FL 33870

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

X Kathryn Whitlock
Signature of an officer or director

KATHRYN W. WHITLOCK
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]
Signature of Registered Agent

10-8-2023
Date

If signing on behalf of an entity:

CLIFFORD R. RHOADES
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