DOCUMENT # MOOOOOOO

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90582 001 ****55.00

DOCUMENT # M0000001309 1. Entity Name RIF 300, LLC

Principal Place of Business 220 N. MAIN ST., STE 200A GREENVILLE SC 29601

Mailing Address

220 N. MAIN ST., STE 200A GREENVILLE SC 29601

GRECHWILLE SC 29801		GREENVILLE SC 29601	REENVILLE SC 29601								
Principal Place of Business 3. Mailing Address						J 1881 BEN NY ERNY RENY BENY BENY BENY RENY BENY BENY BENY DENEM NY BENY BENY BENY BENY BENY BENY BENY B					
	,	3. Walling Address	Maning Address								
Suite,	Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City &	State	City & State	City & State		J/ 11/1/1/1/				Applied For		
Zip Country		Zip	Zip Country		5. Certif	Certificate of Status Desired 55.00 Addit			Not Applicable Additional		
	6. Name and Address of Cu	irrent Registered Agent	ered Agent			7. Name and Address of New Registered Agent					
SMITH, ROBERT 258 SOUTHHALL LANE, STE 130				Name Street Address (P.O. Box Number is Not Acceptable)							
	MAITLAND FL 32751	,									
				City			F	L Zip Co	ode		
8. The ab	pove named entity submits this statem	ent for the purpose of changing	its register	ed office or req	gistered agent, c	or both, in the State of Flori	ida				
SIGNATU	RF					,					
	Signature, typed or printed name of registered	agent and title if applicable. (No	OTE: Registere	d Agent signature re	quired when reinstatin	g)	DATE				
FILE NOW!!! Make Check Payable t Due By Ma					00 nt of State			•	-		
9.						ADDITIONS (C	VIANOS				
TITLE Name	PTNR SMITH, ROBERT	☐ Delete	TITLE		MGRM	ADDITIONS/C	HANGE	Change	☐ Addition		

[9 .	MANAGING MEMBERS/MANA	CEDE	T 40						
TITLE	PTNR	10. ADDITIONS/CHANGES							
NAME		Delete	TITLE	MGRM	<i>*</i> .		X	Change	☐ Addition
STREET ADDRESS	SMITH, ROBERT		NAME	REALTICO 220 North)RP Main	c+	Chà.	- 	<u> </u>
CITY-ST-ZIP	258 SOUTHHALL LANE, SUITE 130		STREET ADDRESS	CDEENUTE	TE CO	200	ole.	200 7	* [
	MAITLAND FL 32751-7452		CITY-ST-ZIP	GREENVILI	JE, SC	2960	<i>}</i>		
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UII 1-31-21F			CITY-ST-ZIP						

11. I hereby certify that the information supplied with his filing does not curalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.23.02

407.475.9888

Daytime Phone

CR2E083 (9/01)