300584

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>. </u>
(Cit	ty/State/Zip/Phone #)
_		
☐ PICK-UP	☐ WAIT	MAIL
(0)	ninga Entity Nama	<u> </u>
(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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AUG 21 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RLH ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: 300584

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:

Name of Contact Person

ROTH LAW FIRM PL

Firm/Company

6100 GREENLAND RD., STE 604

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

JB@ROTHLAWFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

Name of Contact Person

at (904) 595-7900

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation	7,0502, 607,1508, or 617,1508, Florid organized under the laws of the State o registered agent, or both, in the State o	FLORIDA	-
1. The name of	the corporation: RLH ENTERP	PRISES, INC.		
2. The principa	Loffice address: 2585 PACETT	TROAD ST. AUGUSTINE, F	L 32092	
3. The mailing	address (if different):			
4. Date of inco	poration/qualification: 01/05/19	66 Document number: 3005	584	
	d street address of the current register friment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the	
	ROTH LAW FIRM PL		_	
	234 CANAL BLVD., SUIT	TE 2	_	
	PONTE VEDRA BEACH	, FL 32082	_	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		SECAL PO	T	
	6100 GREENLAND RD.,	SUITE 604		(T)
	JACKSONVILLE, FL 325	iv SUI acceptable 558	PX :: 55	
The street addr as changed wil	ess of its registered office and the s l be identical.	street address of the business office of	its registered age	nı,
Such change wanthorized by t	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of directors or by a en notified in writing of the change.	n officer so	
ROBERT C. HARTWIG, PRESIDENT Profited or typed name and title			-	
- I further agree - performance o - oven - Or - it fl	to comply with the provisions of all I'my duties, and I am familiar with (on as registered	
	Antire of Registered Agent	B/4/17		-
If signing on b	chalf of an entity:			
JEAN B. R				
·	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314

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

CR2E045 (03/12)