A16000000477

- (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700313277147

05/15/18--01038--001 **35.00



HAY 18 26.79 J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 10, 2018

Order#: 192661/040

Re: RVG OLIVE ROAD, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	RVG OLIVE F	ROAD, LE	5		
Nar	ne of Limited Partnership or Limited	d Liability Lin	mited Partnership	ı	
2. 0	9/15/2016	3.	A1600000	00477	
_ · ·-	/registration in Florida	<u> </u>	Florida documen	t number	
4. The name of the reportment of State:	gistered agent and the registered offi	ce address as	shown on the rec	cords of the Florida	
	C T Corporation	System			
	Name		<u> </u>		
	1200 South Pine I	sland Roa	d		
	Address				
	Plantation	FL	33324		
	City, State and	l Zip	<u>.</u>		
5. The name and Flor	ida street address of the new register	ed agent and/	or office:	<u> </u>	
	Corporation Service	e Compan	у		Eng.
	Name				
	1201 Hays S	treet		555	PA*
	Florida street address (P.O. I		otable)	7*;	j port
	Tallahassee	FL	32301	PH.C	1 :
	City, State and			9:00 0:00 	
6. Such change(s) is/a	are effective when filed by the Florid	a Denartment	of State	A	
o. such change(s) is/a	Come	a Departmen	or state.		
Signature of General F	Partner Jill Cilmi, Authorized Person on bel	nalf of Olive Roa	nd Partner, LLC, its g	Р	
	pointment as registered agent and a				
	sions of all statutes relative to the pr an accept the obligations of my pos			ce of my duties,	
Corporation Corporation	Pr Service Company				
Signature of Registere	d Agent Grace E. Kirby, Asst. Vice	President			
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50