## CAPITAL CONNECTION, INC.

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

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2013 Group, UC	·
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	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
	Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Corp Record Search
	Fictitious Search Fictitious Owner Search PdV00 40 WehrderSearch
Requested by:  Name  Date  Time	UCC 11 Search  UCC 11 Retrieval

Courier\_



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 7, 2000

CAPITAL CONNECTION

SUBJECT: RDLS GROUP LLC Ref. Number: L00000009966

We have received your document for RDLS GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 200A00057770

APPROYEL AND FILED 00 NOV -8 PM 12: 47 SECRETARY OF STATE TALLAHASSEE, FI CORE ``FŔOM :

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability company is:

| RDLS 6000 | LLC| |

6329 Pasadera Pt Blud, St. Peto, Pl 33767
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name  Name  Name  ON SCAPING CITW.  Address  City, FL 33761  City, State and Zip  6. The name and address of the year registered and No. 100.
6. The name and address of the new registered agent and/or office:
x Wendy Latorre
Name Name Pasadera H Bluch. Florida street address (P.O. Box NOT acceptable)  St. Peto FL 33707
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of higner)
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 no auties, and I am familiar with and accept the obligations of my position as registered agent. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registated Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS:1(9/97) FILING FEE: \$35.00