## -00000011414

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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**B. KOHR** 

OCT 1 3 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Services LLC
Name of Limit	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Diane Murray	
Name of Person	
Bonita Bay Group	
Firm/Company	
9990 Coconut Road Ste 200	
Address	
Bonita Springs, FL 34135	
City/State and Zip Code	
Dianom@hanitahayaraya aam	
Dianem@bonitabaygroup.com  E-mail address: (to be used for future annual report notifical	tion)
For further information concerning this matter, pl	ease call:
Diane Murray at (	239 ) 390-1257
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tallallassee, Florida 32514
Enclosed is a check for the following an	eount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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.

Name of the limited liability company:	RCP Services LLC	
2. (a) Principal office address of limited liability compar	ny: 9990 Coconut Road S	Ste 200
(Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34135	
(b) Mailing address of limited liability company:	9990 Coconut Road Ste	200
(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135	
3/10/2009	L00000011414	014.5
3. Date of filing/registration in Florida	4. Document number	3
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of S	tate:
Registered Agent:	Scott R. Whitney	
Registered Office Address:	9990 Coconut Road Ste 200 Bonita Springs, FL 34135	14 9:56 56
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Gary Dumas	
	9990 Coconut Road Ste 200	
	Bonita Springs ,FL3	4135
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered ntical. Or, in the case of a Florida lim (s) was/were authorized by an affirmate erwise provided in the articles of organized by a control of the	d office
Signature of a member or authorized representative of a member	<del></del>	
GALLY SUDIE	· 	
Printed or typed name of signee	Lagran to got in this conscience I fouther	w aawaa ta
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to the address, I hereby confirm that the limited liability compa	agree to act in this capacity. I furthe proper and complete performance of mostion as provide nerely reflect a change in the registere iny has been notified in writing of this	r agree to 1y duties, 2d for in 2d office change.
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00