L020000026446

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

700 107 23 P 1:48



100042739581

11/23/04--01040--007 **25.00

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 limite	ed liability company is:	RR SER	VICES, L.L.C.	
2. The mailing address of				C. FINCH
2340 SW 2ND AVENU				
10/07/2002		L02000026446		
3. Date of filing/registrat	ion in Florida		4. Document nun	aber
5. The name of the register Florida Department of	State:		address as shown o	on the records of the
	FINCH, JENNIFER			
A26 NW 25TH STREET				
Address GAINESVILLE FL 32607				- Carrier Carr
City, State and Zip				· · · · · · · · · · · · · · · · · · ·
6. The name and address	of the new registered a	gent and/or	office:	
	2340 SW 2ND AVE	Name NUE		5
	Florida street address	s (P.O. Box	NOT acceptable)	
	GAINESVILLE	FL 3260)7	
	City, S	State and Zip	9	
If the limited liability com confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite of a member or authority of the limite of a member of authority of the limite	tange or changes are method registered agent with the confirmed that the diability company or a fithe limited liability company.	nade, the Flo ill be identic e change(s) v as otherwise company.	orida street address o	of the registered office
_		,		
PATRICIA CARTAYA (Printed or typed name of signee)		 -		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, FLS. Or, it address, I hereby confirm (Signature of Registered Agent)		gent and ag e to the prop g of my pos filed to mer ty company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to efformance of my duties, agent as provided for in in the registered office writing of this change.
<i>V</i>				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)