## L'020000 26446

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



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CORPDIRECT AGE 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	enue	merly CCRS)	
FILING COVER S ACCT. #FCA-14	SHEET		
CONTACT:	<u>ED</u>		
DATE:	09/14/05		
REF.#:	RA0787.422	<u>87</u>	SE S
CORP. NAME:	RR SERVIC	CES, L.L.C.	OSEP IN MI SHATE SHATE
( ) ARTICLES OF INCO	RPORATION	( ) ARTICLES OF AMENDMENT	
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFIC	CATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF C ( X ) OTHER: CHA	ANCELLATION		
		TH CHECK#	
AUTHORIZATIO	ON FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LI	MIT: \$
PLEASE RETUR	N:		
( ) CERTIFIED COPY	′ ()C	ERTIFICATE OF GOOD STANDING	( X ) PLAIN STAMPED COPY
(    ) CERTIFICATE OF			, , ==================================

Examiner's Initials

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

Pursuant to the provisions of sections 608.41 liability company submits the following statem agent, or both, in the State of Florida.	8 or 608.508, Florida Statutes, the undersigned limited tent in order to change its registered office or registered
1. The name of the limited liability company is	
2. The mailing address of the limited liability c	
TALLAHASSEE, FLORIDA, 32301	
09/07/1999	199000005612 LUZUUUDZ 644
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regi	stered office address as shown on the records of the
Florida Department of State:  JENNIFER C. FIN	CH = C
	CH Name E Address ORIDA, 32607 State and Zip agent and/or office:  SENTS, INC.
2340 SW 2ND AV	F 7
GAINESVILLE, FL	Name E Address ORIDA, 32607 , State and Zip agent and/or office: SENTS, INC.
•	, State and Zip
6. The name and address of the new registered a	agent and/or office:
CORPDIRECT AG	SENTS, INC.
515 EAST PARK	
Florida street addres	ss (P.O. Box NOT acceptable)
TALLAHASSEE	FL 32301
City,	State and Zip
confirmed that after the change or changes are read the business office of the registered agent which is the confirmed that the	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office rill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.
(Signapare of a member or subscrized representative of a ment	rer)
PATRICIA CANTAYA	
(Printed or typed name of signes)  I hereby accept the appointment as registered comply with the provisions of all statutes relating and I am familiar with and accept the obligation	ngent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, ns of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
	filed to merely reflect a change in the registered office thy company has been notified in writing of this change.
(Signature of Registered Agent)  Division of Corporations, P	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)