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AUG 06 2014

R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: ARCADE PROPERTY INVESTME	NT, LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
STEPHEN C RABBITT							
Name of Person							
ARCADE PROPERTY INVESTMENT, LLC							
Firm/Company							
917 ARBUTUS DRIVE							
Address	<del></del>						
ANNAPOLIS, MD 21403							
City/State and Zip Code	<del></del>						
STEVERABBITT@GMAIL.COM							
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please of	eall:						
STEPHEN C RABBITT 4	43 995 9700						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
✓ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
<u>-</u>	5						

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name	e of the limited liability company: ARCADE PR	OPEF	RTY	INVEST	TMENT, LLC		
2. (a) Al	NDREA L GUYER		(b) STEPHEN C RABBITT				
-: ( <del>)</del>	Principal office address of limited liability company:	<del>-</del>	(5).	N	Mailing address of limited liab		
3	( <i>Note: MUST BE STREET ADDRESS</i> ) B55 OLD MIMS ROAD			017 ADB	( <u>Note: MAY BE POST OF</u>	FICE BUX)	
			917 ARBUTUS DRIVE				
_	GENEVA, FL 32732	_	_	ANNAPO	DLIS, MD 21403		
07	7/17/14	_	L	0300000	)4173		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a) A	NDREA L GUYER					<u> </u>	
Re	egistered Agent and Registered Office shown on the records of ANDREA L GUYER	the Flori	ida D	ept. of State	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	285 SNOW HILL ROAD					2 - X	
	GENEVA , FL	3273	2				
<b>A</b> l	NDREA L GUYER						
(b) <u> </u>	nter name of NEW Registered Agent and/or NEW Registered	Office :	addr	ess:		No Fin	
				_	्रेसा <u>ं</u>	***	
_	ANDREA L GUYER					:	
	EW Registered Office Address:					99 55	
3	855 OLD MIMS ROAD				eri i	. વ	
<u></u>	GENEVA , FL	3273	2				
the change agent will was/were	ited liability company is not organized under the law e or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of organization or the operating agreement of the	the repability of the limited	giste com imite d lia	ered office pany, it is ed liability bility com	and the business office s hereby confirmed that to company or as otherwi	of the registered the change(s)	
Signature	of a member of authorized representative of a member				Printed or typed name of sign	nee	
I-Hereby of provisions the obligation to merely notified in	accept the appointment as registered agent and agr s of all statutes relative to the proper and complete ations of my position as registered agent as provided reflect a change in the registered office address, I in writing of this change.	ee to a perfor d for in hereby	act in man n Ch con	n this capa ace of my a apter 605 firm that i	acity. I further agree to duties, and I am familiar , F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed cany has been	
Signature o	of egistered Agent						
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314							
FILING FEE: \$25.00							