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COVER LETTER

Division of Corporations		
SUBJECT: Ritcon Properties, L.L.C.		
	ame of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Charles D. Barnett	•	
Name of Person		
Firm/Company		
224 Datura Street, Suite 1113		
Address		•
West Palm Beach, FL 33401		2016 TALL
City/State and Zip Code		SAFA
E-mail address: (to be used for future a	unnual report notification)	-5 P
For further information concerning this matt	er, please call:	
Charles D Barnett	561 622-6655	
Name of Person	Area Code & Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ing amount:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

	of the limited liability company: Ritcon Prope		
)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	03/17/2003		000009399 .
_		- <u>LUSC</u>	Document number
<u> </u>	Date of filing/registration in Florida narles D Barnett	4.	Document number
84	sistered Agent and Registered Office shown on the records of 412 Native Dancer Road gistered Office Address (MUST BE FLORIDA STREET		of State:
 Ра	alm Beach Gardens , FI	33418	7ALL
Ente	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	EAHASSEE
22	24 Datura Street, Suite 1113		
<u>NE</u>	<u>CW</u> Registered Office Address:		Veryor of the state of the stat
W	/est Palm Beach , FI	33401	•
ange will l vere a	ed liability company is not organized under the la or changes are made, the Florida street address o be identical. Or, in the case of a Florida limited li- nuthorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered ability compar of the limited le limited limited limited liability	office and the business office of the regisny, it is hereby confirmed that the change (iability company or as otherwise provided ty company.
al	Ul Of Samel	Charles	D Barnett
ature o	of a member or authorized representative of a member		Printed or typed name of signee

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 my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely refact a change in the registered office address, I hereby confirm that the limited liability company has been notified in syriting of this change.

Signature of Registered Agent