104000040241

RCB Financia	Mgmt. L.L	.C.
P.O. Box 134' Largo, Fl 33/		
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(Cit	y/State/Zip/Pho	ne #)
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M. HODGES

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 limited liability company	is: RCB FINANCIAL MANAGEMENT L.L.C.
- ·	company is: 2475 East Bay Drive, Largo Fl 33771
June 8,2004	L04000046241
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	gistered office address as shown on the records of the
Business Filings	•
660 East Jeffers	Name on St.
Tallahassee, Fl	Address 32301 ity, State and Zip
6. The name and address of the new registered	d agent and/or office:
Lori J. Norris	Nama
3075 Roberta St	
Florida street addr	ress (P.O. Box NOT acceptable)
Largo, Fl 33771	FL
City	y, State and Zip
If the limited liability company is not organize	ed under the laws of the State of Florida, it is hereby

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

**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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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

INH\$18(10/99)