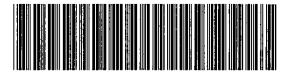
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2007

JACQUI WEBLEY 1575 SAN IGNACIO SUITE 100 CORAL GABLES, FL 33146

SUBJECT: RC GROUP, LLC Ref. Number: L04000052378

We have received your document for RC GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 907A00037122

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|----------------------------------|--|
| SUBJECT: RC GROUP, LC (Name of Limited Liability Company) | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted | for filing. | |
| Please return all correspondence concerning this matter to the following: | | |
| JACQUEUNE WEBLEY (Name of Person) | | |
| INVESTMENT MANAGEMENT ASSOCIATES INC. (Firm/Company) | 2001 JUI SECRE | |
| | JUN -6 P | |
| CORAL GABLES FC 331(6) (City/State and Zip Code) | D 2: 2u | |
| For further information concerning this matter, please call: | | |
| TACQUELINE MEBIE 1 at (300) 661 - 011 5 (Area Code & Daytime T | elephone 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 following amount: | | |
| \$25 Filing Fee & Certified C | \$55 Filing Fee & Certified Copy | |
| INHSI8 (8/05) \$35 WAS CHBMITTED PREVIOUSLY | | |

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: RC GROUP, LLC |
|---|
| 2. The mailing address of the limited liability company is: 1575 SAN IGNACIO AVE. |
| FLITE 100 CORAL GABLES FL. 33146 |
| 7/14/2004 L0400052378 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| MATT L GOLDMAN, ESQ |
| Agui GRAND AVENUE SUITE 4-B Address |
| City, State and Zip |
| 6. The name and address of the new registered agent and/or office: |
| Name TO T |
| Name To To |
| 1575 SAU IGHACIO AUE S-1000円 い Florida street address (P.O. Box NOT acceptable) 日日 い |
| No. 1 |
| CORAL GABLESFL 38146 City, State and Zip |
| City, State and Zip |
| 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) |
| (Signature of a member of authorized representative of a member) |
| RACH SHEPPARD (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 Pagistered Agent) |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00