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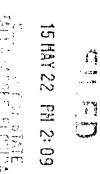
(Re	questor's Name)				
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MAY 28 2015 C McNAIR



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From:

Ami Casper ami.casper@cscglobal.com

May 20, 2015 Date:

Order#: 589522/110

Re: RUGBY, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Return Regular Mail in the enclosed envelope. XX

Attn:Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company: RUGBY, LLC			L. MALINDAY W. C.
2	(a)	1170 Massey Street	(h)	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples, FL 34120	 -		and the second s
		10/01/2004		10400007	1608
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Michael R. Stevens			
۶.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	e:
		1170 Massey Street			21
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2	
		Naplees , FL	34120		N 2
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C)ffice ade	dence:	
		Enter hance of NEW Registered Agent and/or NEW Registered C	Jine au	<u>ui ess</u> .	資料 09
		1201 Hays Street			
		NEW Registered Office Address:			_
					-
		Tallahassee , FL_	32301		
					_
If	the li	mited liability company is not organized under the lawinge or changes are made, the Florida street address of t	s of the	State of Fl	orida, it is hereby confirmed that after
ag	ent w	rill be identical. Or, in the case of a Florida limited liab	bility co	mpany, it i	is hereby confirmed that the change(s)
wa the	is/we e artic	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the lim imited l	ited habili iability coi	ty company or as otherwise provided in negative many.
	مر		_		Authorized Person
_	Signat	up of a member or authorized representative of a member			Printed or typed name of signee
I	herek	y accept the appointment as registered agent and agre	e to act	in this cap	pacity. I further agree to comply with the
pr the	ovisie e obli	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha	for in C	ince oj my Thapter 60.	5, F.S. Or, if this document is being filed
to no	mere tifieq	ly reflect a change in the registered office address, I he in writing of this change.	ereny co	onjirm inat	іне нтива навину сотрапу паѕ вееп
_	X	elia lue Met			
Si	guatu	Registered Agent Corporation Service Company	BY: S	ylvia Que	ppet, Asst. Vice President

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