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Office Use Only



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08 MAY -7 AH II: OC SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: R.D.K. ASSOCIATES LLC	,		
(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	g this matter to the following:		
RORY DAVID KAISER			
(Name of Person)			
(Firm/Company)			
6013 NW 68TH AVE.			
(Address)			
TAMARAC, FL. 33321	•		
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
RORY DAVID KAISER	at (954) 394-7454		
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

agein, or com, in m	ie State of Prortaa.	No. of the second	• •
1. The name of the	limited liability company is: _f	R.D.K. ASSOCIATES LLC	•
2. The mailing add	ress of the limited liability com	npany is : 6013 NW 68TH AV	E TAMARAC, FL. 33321
· ·	·		
9/4/07		L05000100336	
3. Date of filing/reg	gistration in Florida	4. Document nu	mber
5. The name of the Florida Departme	registered agent and the registe	red office address as shown	on the records of the
	RORY DAVID KAISE	:R	
	1	Name	-
	5301 N. FED. HWY SU	JITE #360	_
	A	ddress	
• •	BOCA RATON, FL. 3		. OB
	City, S	tate and Zip	08 MAY SECRET
6. The name and ad	dress of the new registered age	nt and/or office:	HASS
	RORY DAVID KAISEF	र	
	Na	ame	AM III
	1021 IVES DAIRY RD.	SUITE #111	OR!
	Florida street address (P.O. Box NOT acceptable)	MII: 01 FLORIDA
	N. MIAMI BEACH	FL 33179	
	City, Sta	ite and Zip	
confirmed that after and the business off liability company, i of the members of or the operating agr	ty company is not organized ure the change or changes are madice of the registered agent will to is hereby confirmed that the control that the control is the limited liability company of the limited liability or authorized representative of a member)	de, the Florida street address be identical. Or, in the case hange(s) was/were authorizer as otherwise provided in the company.	s of the registered office
RORY DAVID KAIS	ER		
(Printed or typed name of	f signee)	•	
I hereby accept the comply with the program I am familiar w Chapter 608, F,S. address, I hereby con (Signature of Registered)	appointment as registered age ovisions of all statutes relative to the and accept the obligations for, if this document is being fil onfirm that the limited liability	ent and agree to act in this c to the proper and complete p of my position as registered ed to merely reflect a chang company has been notified	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.

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

INHS18 (8/05)