

L06000071645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

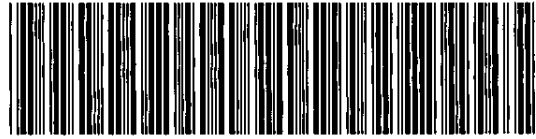
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700235676087

RECEIVED
2012 JUN 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 JUN 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 21 2012



CSC

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 218814 7888123

AUTHORIZATION : *Spudde man*

COST LIMIT : \$ 25.00

ORDER DATE : May 25, 2012

ORDER TIME : 9:39 AM

ORDER NO. : 218814-045

CUSTOMER NO: 7888123

CHANGE OF AGENT

NAME: RFI INSURANCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

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. Name of the limited liability company: RFI INSURANCE, LLC

2. (a) Principal office address of limited liability company: 2424 Vista Palm
Edgewater, FL 32141
(Note: MUST BE STREET ADDRESS)

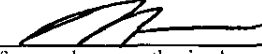
(b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

07/18/2006 3. Date of filing/registration in Florida
L06000071645 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Robert F. Iocco
Registered Office Address: 2424 Vista Palm
Edgewater, FL 32141

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Corporation Service Company
NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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)

Robert F. Iocco, MANAGER
(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.

By: 
(Signature of Registered Agent)

Corporation Service Company April McBride, Asst. VP
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
12 JUN 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA