L07000092184

| (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: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| SUBJECT:RDM SAILFISH, LLC | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agent/Registered Office Ch | nange and fee(s) are submitted for filing. | | | | | | | |
| Please return all correspondence concerning this mate | ter to the following: | | | | | | | |
| GEORGE W. HATCH, ESQ. | | | | | | | | |
| Name of Person | | | | | | | | |
| GUILDAY LAW. P.A. | | | | | | | | |
| Firm/Company | | | | | | | | |
| 1983 CENTRE POINTE BLVD, SUITE 200 | | | | | | | | |
| Address | | | | | | | | |
| TALLAHASSEE, FL 32308 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| GEORGE@GUILDAYLAW.COM | | | | | | | | |
| E-mail address: (to be used for future annual re | port notification) | | | | | | | |
| For further information concerning this matter, please | e call: | | | | | | | |
| GEORGE W. HATCH, ESQ. | 850 224-7091 | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | |
| Enclosed is a check for the following amou | int: | | | | | | | |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | | | |

INHS18 (2/14)

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: RDM SAIL | FISH, LI | LC | | |
|--|---------------------|--|---|----------------------------|--|---|
| 2. (| a) | | | (h) | | |
| (| ,• | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 8477 MIZNER CIRCLE EAST | | | PO BOX | 47107 |
| | | JACKSONVILLE, FL 32217 | | | JACKSO | NVILLE, FL 32247 |
| | | 09/10/2007 | |] | L07000092 | 2184 |
| 3. | | Date of filing/registration in Florida | _{4.} | | 1 | Document number |
| 5. | (a) | | | | | |
| | () | Registered Agent and Registered Office shown on the records CORPORATION SERVICE COMPANY | of the Flor | ida | Dept. of State | ; |
| | | Registered Office Address (MUST BE FLORIDA STREET | E <i>T ADDRE</i> | .SS) | | |
| | | 1201 HAYS STREET | | | | , 2 |
| | | TALLAHASSEE | FL 3230 | 1-2 | 525 | FILIN 28 |
| (| b) | GUILDAY LAW, P.A. | | | | FILE AN |
| | | Enter name of NEW Registered Agent and/or NEW Registe | red Office | add | ress: | me 🗩 Hi |
| | | GEORGE W. HATCH, ESQ. | | | | AH 8: 54 SEE, FLORIDA |
| | | NEW Registered Office Address: | | | | DE ST |
| | | 1983 CENTRE POINTE BLVD, SUITE 200 | | | | • |
| | | TALLAHASSEE | FL_3230 | 8 | | |
| char ager | ige it v | imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited by an affirmative vote of the member cles of organization or the operating agreement of the companion of the operating agreement of the operations agreement of the operation of the o | laws of the registed liability | he S erec | d office and npany, it is | the business office of the registered hereby confirmed that the change(s) |
| Si | gna | ture of a member or authorized representative of a member | _ | | <u> </u> | Printed or ened name of signee |
| pro the to n | visi obl tere | by accept the appointment as registered agent and coms of all statutes relative to the proper and completing in the proper and completing as a providing the statutes of my position as registered agent as provided velocity and acceptance of the change of the change of the change. | agree to a ete perfor ided for ir I hereby | ict i ma i Ci coi | in this capa nce of my d hapter 605, nfirm that t | city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| Sign | jaku | reof Registered Agent | | | | |
| Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | |