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(Re	equestor's Name)							
(Ac	dress)								
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(City/State/Zip/Phone #)									
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2016 JUL 21 PM 1:58
SECRETARY OF STATE

K.SALY EXAMINER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: July 19, 2016

Order#: 209258/036

Re: RHG KINGFISH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell 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:	RHG KINGFISH,	, LLC						
2.	(a)	1030 W CANTON AVE SUITE 100 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		WINTER PARK	FL 32789	_					·	
•		11/06/2007		. , -	L0700011					
3.		Date of filing/registration in	n Florida	4.		Document number				
5.	(a)	C T CORPORATION SYSTEM								
		Registered Agent and Registered Office sho	wn on the records of th	he Florida	Dept. of State	:				
		1200 SOUTH PINE ISLAND ROAI	D	. 						
		Registered Office Address (MUST BE F	FLORIDA STREET A.	<u>DDRESS</u>	<u>)</u>		∏S.	20		
								r 91	maya	
		PLANTATION	, FL_	33324			SECRETARY	2016 JUL 21		
(1)							SSE			
	(b)	• • -					F. 95	7	<u>U</u>	
		Enter name of <u>NEW Registered Agent</u> and	or <u>NEW Registered (</u>	Office ado	<u>lress</u> :		OF STATE	PM 1:58	C	
		1201 Hays Street NEW Registered Office Address:					****			
		NEW Registered Office Address.								
		Tallahassee	, FL_	32301						
the age wa	cha ent w s/we	mited liability company is not organ nge or changes are made, the Florida vill be identical. Or, in the case of a re(au) horized by an affirmative vote clear of organization or the operating	street address of t Florida limited lial of the members of	the regis bility co f the lim limited li	tered office mpany, it is ited liability iability com	and the business of thereby confirmed to company or as oth pany.	ffice of that the	the reg	istered (s)	
	Signat	up of a thember or authorized representative	e of a member	JIII C	Jimi, Author	rized Person Printed or typed name	of signee			
Il pro the to no	herel ovisi obli mere tified	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. The of Registered Agent Corporation Scr	red agent and agre per and complete p agent as provided office address, I h	performa I for in C ereby co	ance of my o Chapter 605 Onfirm that i	acity. I further gore	re to con tiliar wi cument compan	mnlv w.	ith the accept g filed een	

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