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PICK-UP	☐ WAIT	MAIL,
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SECRETARY OF STATE

D. BRUCE

JUL 20 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: RMCC HOME TNSPECTI Name of Limited	ows LLC d Liability Company		-
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office of	Change and fee(s) are submitted for fil	ling.	
Please return all correspondence concerning this m	natter to the following:		
MICHELLE SOUTHARD Name of Person			
RMCC HOME INSPECTIONS Firm/Company			
2702 CLUBHOUSE DR. Address		SEGRETA SALI AHAS	
PLANT CITY, FL 33566 City/State and Zip Code	——·———————————————————————————————————	7 PM 3: 0 RY OF STAT SEE FLAGO	TRED
E-mail address: (to be used for future annual report notification	Con A		
For further information concerning this matter, plea	ase call:		
MICHELLE SOUTHARD at (813) 504-4360 Area Code & Daytime Telephone Number	er	-
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 amo	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)



June 26, 2009

MICHELLE SOUTHARD 2702 CLUBHOUSE DR. PLANT CITY, FL 33566

SUBJECT: RMCC HOME INSPECTIONS, LLC

Ref. Number: L08000075693

We have received your document for RMCC HOME INSPECTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00021982



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: RMCC HOME INSPECTIONS, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2702 CLUBHOUSE DR. PLANT CITY FL 33566 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) B7 AUGUST 2008 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: COLPORATION SERVICE COMPANY Registered Agent: Registered Office Address: TALLAHASSEE, FL (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: MICHELLE SOUTHARD **NEW** Registered Agent: 702 CLUBHOUSE DR. **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 MICHELE G. SOUTHARD
Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

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

Signature of Registered Agent

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