(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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/JUL 1 1 2013		
A. LUNT		

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2013

DANIEL E. MARTIN 5610 BLANDING BLVD. JACKSONVILLE, FL 32244

SUBJECT: RCV PROPERTY, LLC Ref. Number: L08000084288

We have received your document for RCV PROPERTY, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 613A00011546

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: RCV Property L Name of Limited	ر I Liability Company	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
DANIEL E. MARTIN  Name of Person  ACV Paperty LLC  Firm/Company  5 Lelo Blanding Boxlevard  Address  Jacksonville FC 322  City/State and Zip Code	ALL AHASSEE. F	2013 JUL - 9 PM 3 30	
E-mail address: (to be used for future annual report notification	)n)	_	
For further information concerning this matter, plea	ase call:		
DANCE MANTIN at (	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 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.

1. Name of the limited liability company:RCV	Property, LLC
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	14: 5610 Blanding Boulevard  Jacksonville 1=2 32244
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5610 Blanding Boulevard Jacksonville FL 32244
09 /04 /2008 3. Date of filing/registration in Florida	<u>L 080 000 842 88</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	FLORIDA Agent. com, INC.
Registered Office Address:	1543 KNGSLEY AVENUE STE5 Orange Park FL 32073
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	
NEW Registered Agent:	Werdy E. Cosick-Martin
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	665 Lake Asbury Dave
•	Green Cove Springs FL 32043
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwishe operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  DANIEL E. MARTIN  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my period I am familiar with and accept the obligations of my period of the pand of the provisions of the limited liability company address. I hereby confirm that the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Signature of Registered Agent	~

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