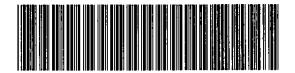
## L09000047284

(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:						
L. SELLERS						
DEC 9 2011						
EXAMINER						

Office Use Only



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12/07/11--01012--001 \*\*50.00

FILED 11 DEC -7 AHII: 37 SECRETABY OF STATE



Reply to: Bradenton

December 5, 2011

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Dear Sir or Madam:

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Three Sandy Toes, LLC, as well as one for RCG, FLA, LLC.

Also enclosed please find check No. 11280 in the amount of \$50.00 for the appropriate filing fees for these LLC's.

If you have any questions concerning the enclosed information, please do not hesitate to contact my office at (941) 708-4040.

Sincerely

Kevin S. Hennessy

KSH/cej Enclosures

## **COVER LETTER**

10:	Division of C							
SUB	JECT:	Nama		, FLA, LL Liability C				
		name of	Limited	Liabinty C	ompany			
Dear	Sir or Madam:							
The e	enclosed Registe	ered Agent/Registered	Office C	Change and	fee(s) are submitt	ed for fili	ng.	
Pleas	e return all corr	espondence concernin	g this ma	atter to the f	ollowing:			
	KEVIN S	S. HENNESSY, ESQ Name of Person	UIRE					
•	LEWIS, LO	DNGMAN & WALKE Firm/Company	R, P.A.					
	1001 THIRD	AVENUE WEST, S Address	UITE 67	0				٠
		DENTON, FL 3420 ty/State and Zip Code	5					
E	kher E-mail address: (to be	nnessy@llw-law.con	٦ t notificatio	n)				
For fi	ırther informati	on concerning this ma	tter, plea	se call:				
K		NESSY, ESQUIRE	at (	941)_	708-4			_
	Name o	f Person		Area C	Code & Daytime Teleph	one Number	1	
	Registration So Division of Co Clifton Buildir	rporations ng e Center Circle		Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	SEGRETARY TALLAHASSEL	11 DEC -7	
	Enclosed is a	check for the follow	ing amo	unt:		当場		
	\$25 Filing	Fee		\$55 Fil	ing Fee & Certific	A OFFICE OF STREET	附旧: 37	O

## 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.

Name of the limited liability company:	RCG, FLA, LLC
2. (a) Principal office address of limited liability company	1902 4TH STREET WEST
(Note: MUST BE STREET ADDRESS)	PALMETTO, FL 34221
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
· 5/14/2009	L0900047284
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CT CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD SUITE 250
	PLANTATION, FL 33324
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address:
NEW Registered Agent:	KEVIN S. HENNESSY, ESQUIRE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LEWIS, LONGMAN & WALKER, P.A.  1001 THIRD AVENUE WEST, SUITE 670 BRADENTON ,FL34205
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Robert C. GRUSE	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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 Agem