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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
· PICK-UP	☐ WAIT	MAIL
- (Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Reply to: Bradenton

July 16, 2012

Florida Department of State Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Re: REGISTERED AGENT/REGISTERED OFFICE CHANGE – RCG FLA, LLC

Dear Sir or Madam:

Enclosed for filing please find the Registered Agent/Registered Office Change for RCG FLA, LLC, along with check No. 1059 in the amount of \$25.00 for the associated filing fees.

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 cc: Client

COVER LETTER

TO: Registration Section **Division of Corporations** RCG FLA, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **KEVIN S. HENNESSY** Name of Person LEWIS, LONGMAN & WALKER, P.A. Firm/Company 101 RIVERFRONT BLVD., STE. 620 Address BRADENTON, FL 34205 City/State and Zip Code khennessy@llw-law.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN S. HENNESSY 941 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.

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:	1902 4TH STREET WEST	
(Note: MAY BE POST OFFICE BOX)	PALMETTO, FL 34221 S	
05/14/2009	L0900004728 2 2	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depter State		
Registered Agent:	KEVIN S. HENNESSY	
Registered Office Address:	LEWIS, LONGMAN & WALKER, P.A. 1001 THIRD AVENUE WEST, STE. 670 BRADENTON, FL 34205	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	W Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 RIVERFRONT BLVD. SUITE 620	
	BRADENTON ,FL34205	
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	_	
KEVIN S. HENNESSY Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my po. Chapter 608, P.S. Or of this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Apole	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00