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J. BRYAN

OCT - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: RS	SCJ44, LLC
	ed 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:
Randall D Harris	
Name of Person	
RSCJ44, LLC	ذ ھن س ہرہے ت
Firm/Company	
10805 NE HWY 314 Address	OCT -5 PM 1:18 CRETARY OF STATE LAHASSEE FLORID
Address	E P
Silver Springs, FL 34488	
City/State and Zip Code	State of the state
rsci44jesus@yahoo.com E-mail address: (to be used for future annual report notification)	tion)
For further information concerning this matter, pl	ease call:
Susan J Harris at (352) 625-7538
Name of Person	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 am	ount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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:	RSCJ44, LLC	
2. (a) Principal office address of limited liability compar	ny: 10805 NE HWY 314	
(Note: MUST BE STREET ADDRESS)	Silver Springs, FL 34488	
(b) Mailing address of limited liability company:	10805 NE HWY 314 Silver Springs, FL 34488 L09000049628 4. Document number	
(Note: MAY BE POST OFFICE BOX)	Silver Springs, FL 34488	
May 21, 2009	L09000049628	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Randall D Harris MGRM	
Registered Office Address:	10805 NE HWY 314 Silver Springs, FL 34488	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Susan J Harris MGRM	
NEW Registered Office Address:	10805 NE HWY 314	
(MUST BE FLORIDA STREET ADDRESS)	Silver Springs ,FL34488	
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 (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office	
Randall D Harris		
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 pl and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compai	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change.	
Signature of Registered Agent		

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