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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
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Special Instructions to Filing Officer:						
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Co							
SUBJECT:	CAGRUSPOINT	T (1	20				
	Name of	Limited	l Liabil	ity Cor	npany		
Dear Sir or Madam:							
The enclosed Register	ed Agent/Registered	Office (Change	and fe	e(s) are su	bmitted for filing	[.
Please return all corres	spondence concerning	g this m	atter to	the fol	llowing:		
CHRIS BOT	11/						
	Name of Person						
CAGRUS 10 IN				_			
	Firm/Company						
100 E INE	ST SMITE 301 Address	OLVA	NOC)	_			
OMANIDO	FL 32801			_			
City	/State and Zip Code						
CHRIS - 60THA E-mail address: (to be u	e CAERUS POINT	- Com	on)	<u></u>			
For further information	n concerning this mat	tter, ple	ase call	:			
CHRIS BUT	• • • • • • • • • • • • • • • • • • • •	at (_			307 056 de & Davtime	2 Telephone Number	
STDEET/COL	DIED ADDDECC.					·	
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		19:				
Division of Cor		Division of Corporations					
Clifton Building	: •	P.O. Box 6327					
2661 Executive Tallahassee, Flo			Tall	lahasse	e, Florida 3	2314	
/	check for the followi	ing amo	ount:				
\$25 Filing Fee \$\ \sum \\$55 Filing Fee \& Certified Conv			ertified Conv				

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:	RUS POINT LLC
2. (a) Principal office address of limited liability compar	ny: 100 E PIWE ST
(Note: MUST BE STREET ADDRESS)	SUITE 301 ORIMOD FL 32801
(b) Mailing address of limited liability company:	100 E ANE ST
(Note: MAY BE POST OFFICE BOX)	SUITE 301 ORUMNOO FL 32801
3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown or	4. Document number
Registered Agent:	Chris Bothass 1
Registered Office Address:	1 S. EOLA DR # 2 C
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ORLANDO FL 32801
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 identiability 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 ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote.
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 p 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 compare	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 the registered office ny 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