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PICK-UP	☐ WAIT	MAIL				
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Special Instructions to Filing Officer:						
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COVER LETTER

TO: Registration Section **Division of Corporations** RICHWOOD HOLDINGS, LEC 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: JOAN BURTON JENSEN Name of Person SIGURD JENSEN CO. Firm/Company 806 SOUTH DOUGLAS ROAD, SUITE 580 Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code jbj@jensig.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOAN BURTON JENSEN Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, 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. N	lame of the limited liability company: RICHWOOD H	OLDING	is, llc	-	-
2. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POS	d liability company:
	806 SOUTH DOUGLAS ROAD, SUITE 580		806 SOU	TH DOUGLAS ROAD,	SUITE 580
	CORAL GABLES, FLORIDA 33134		CORAL C	GABLES, FORIDA 331	34
	MARCH 8, 2010		1.10000026	5262	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of JOAN BURTON JENSEN	of the Flor	ida Dept. of Sta	nte:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	<u>(SS)</u>	<u> </u>	pc 1
	800 SOUTH DOUGLAS ROAD, SUITE 315, PUERTA	DEL SO	OL.		_
	CORAL GABLES	33134			E
	CORAL GABLES, F	·1		_	83
(b)				- •
(0	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	address:		T)
					5·3
				_	
	NEW Registered Office Address:				
	806 SOUTH DOUGLAS ROAD, SUITE 580			_	
	CORAL GABLES, F	33134			
chang agent was/y the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized fepresentative of a member	aws of the registe liability of the limited	ne State of Fi ered office ar company, it imited liabili	nd the business office is hereby confirmed the company or as other many.	of the registered hat the change(s) erwise provided in
provi. the oi to me notifi	eby accept the appointment as registered agent and agents of all statutes relative to the proper and completions of my position as registered agent as provided rely reflect a change in the registered office address, led in writing of this change.	e pertori	mance of my	rduties, and Lam fami	liar with and accept
Signa	ture of Registered Agent				