## L10000644218

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(,,					
PICK-UP WAIT MAIL					
(During Fath March					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special medianic to 1 mily 5 most.					

Office Use Only



800188438498

12/09/10--01004--020 \*\*25.00

10 DEC -9 AM III: 89

T. HAMPT CEC 1 VE

## **COVER LETTER**,

TO:	Registration Section Division of Corporations					
SUBJ		YENTERPRISES, LLC				
	Nan	ne of Limite	d Liability Company			
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Regist	ered Office	Change and fee(s) are submitted for filing.			
Please	e return all correspondence conce	erning this n	natter to the following:			
	REGINALD S. GIL	LIS	<u></u>			
	Name of Person					
RSGMCKINZY ENTERPRISES, LLC						
	Firm/Company					
1015 E. SUNRISE, #110 Address						
	Address					
FORT LAUDERDALE, FL 33304						
	City/State and Zip Code					
E	GILLIBOOM2@YAHO	O.COM report notificati	ion)			
For fu	rther information concerning thi	s matter, ple	ease call:			
	REGINALD S. GILLIS	at (_	954 ) 732-4333			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Division of Corporations		Registration Section				
		Division of Corporations				
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited rr to change its registered office or registered				
1. Name of the limited liability company:RSGM	ICKINZY ENTERPRISES, LLC				
2. (a) Principal office address of limited liability company	7: 1015 E. SUNRISE, #110				
(Note: MUST BE STREET ADDRESS)	FORT LAUDERDALE, FL 33304				
(b) Mailing address of limited liability company:	1015 E. SUNRISE, #110				
(Note: MAY BE POST OFFICE BOX)	FORT LAUDERDALE, FL 33304				
4/25/2010	L10000044218				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	REGINALD S. GILLIS				
Registered Office Address:	1492 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  1015 E. SUNRISE, #110 FORT LAUDERDALE, FL 33304 .FL				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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  REGINALD S. GILLIS  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 preand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited of was/were authorized by an affirmative of the wise provided in the articles of organization				

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