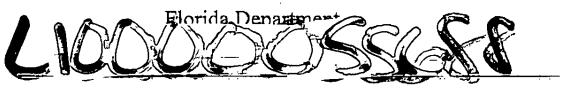
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artampa@mactar.com

## LLC REGISTERED AGENT CHANGE RS SCHWARTZ COMPANY, LLC

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D SCOTT

## 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	ame of the limited liability company: RS Schwart	z Comp	any, LLC	}	
			b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-/ <u></u> -	Mailing address of limited (Note: MAY BE POST	liability company: OFFICE BOX)
	1670 Sparkling Court		P.O. B	ox 267	
	Dunedin, FL 34698		Palm I	farbor, FL 34682	
	05/24/2010		L10000	055688	• •
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of Natalie C. Annis  Registered Office Address (MUST BE FLORIDA STREET)			ata:	
	201 North Franklin Street, Suite 2000	···		_	
	Tampa , F	L 33602			
(b)	Enter name of NEW Registered Agent and/or NEW Registered  James W. Goodwin  NEW Registered Office Address:  201 North Franklin Street, Sulte 2000	ed Office ad	dress;	_	
	,		-	· <del></del>	
	Tampa , F	L_33602			Ē
agent v	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited is creathorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi- liability co of the lim a limited l	st€rad offig om Jany, it lited liabili liability co	ce and the business offi is hereby confirmed the ty company or as other mpany.	ce of the registered at the change(s)
Signa	ture of a meribur or authorized representative of a member	<u>Jar</u>	nes W. G	Printed or typed name of	·
••	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ily reflect a change in the registered office address, l i in writing of this change.	ree to aci e perform ed for in ( hereby co	in this cap ance of niv Chapter 60 onfirm that		
Signatu	re of Registred Agent				
•	•	Day 6335		DI 04014	

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

INHS18 (2/14)