## 10000104808

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|                                         |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|                                         |
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| Office Use Only                         |
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05/24/21--01029--018 \*\*25.00



O SIMMONS JUN 29 2021



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975/027

Re: RH VENTURE I, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXReturn Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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:                                                                                                                                                                                                                                                            | I, LLC                                                                                |                                                                                                                                         |                                            |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 2. (a)                                  | 7807 Baymeadows Road East                                                                                                                                                                                                                                                                        | (h)                                                                                   |                                                                                                                                         |                                            |
| ~ /                                     | Principal office address of limited liability company:<br>( <i>Note: MUST BE STREET ADDRESS</i> )                                                                                                                                                                                                | (0)                                                                                   | Mailing address of lim                                                                                                                  | ited liability company:<br>OST OFFICE BOX) |
|                                         | Suite 205                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                         |                                            |
|                                         | Jacksonvitte, FL 32256                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                                         |                                            |
|                                         | 10/07/2010                                                                                                                                                                                                                                                                                       | L10                                                                                   | 0000104808                                                                                                                              |                                            |
| 3.                                      | Date of filing/registration in Florida                                                                                                                                                                                                                                                           | 4.                                                                                    | Document numbe                                                                                                                          | Γ                                          |
| 5. (a)                                  | Feldman & Mahoney, P.A.                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                         |                                            |
|                                         | Registered Agent and Registered Office shown on the records o                                                                                                                                                                                                                                    | f the Florida Dep                                                                     | of State:                                                                                                                               |                                            |
|                                         | 2240 Belleair Road, Suite 210                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                                         |                                            |
|                                         | Registered Office Address (MUST BE FLORIDA STREET                                                                                                                                                                                                                                                |                                                                                       | - 50<br>50                                                                                                                              |                                            |
|                                         |                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                         | 2821 HAY                                   |
|                                         | Clearwater, F                                                                                                                                                                                                                                                                                    | 33764                                                                                 |                                                                                                                                         | $\sim$ $\sim$ $\sim$                       |
|                                         |                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                         |                                            |
| (b)                                     | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>                                                                                                                                                                                                                            | d Office address                                                                      |                                                                                                                                         | ຸ ຫຼື <b>*</b>                             |
|                                         | Corporation Service Company                                                                                                                                                                                                                                                                      |                                                                                       | -                                                                                                                                       | 4 AM 6: 114                                |
|                                         | NEW Registered Office Address:                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                                                                         |                                            |
|                                         | 1201 Hays Street                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                         |                                            |
|                                         | Tallahassee, Fi                                                                                                                                                                                                                                                                                  | 32301                                                                                 |                                                                                                                                         |                                            |
| change<br>agent v<br>was/we<br>the arti | imited liability company is not organized under the la<br>or changes are made, the Florida street address of the<br>vill be identical. Or, in the case of a Florida limited li<br>ere authorized by an affirmative vote of the members<br>cles of organization or the operating agreement of the | ws of the State<br>registered of<br>ability compa<br>of the limited<br>limited liabil | e of Florida, it is hereby c<br>fice and the business offic<br>ny, it is hereby confirmed<br>liability company or as ot<br>ity company. | e of the registered                        |
| 787 hd                                  | ward E. Burr                                                                                                                                                                                                                                                                                     | Edward                                                                                | E. Burr                                                                                                                                 |                                            |

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Corporation Service Company Ami M. Casper, Asst. Vice President

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

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