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(R	equestor's Name)	
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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	Eiling Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		/ International, LLC mited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning the	his matter to the following:
	ROBERT VOSBURGH Name of Person	_
	RPV INTERNATIONAL L	C 2011 SEP -
	100 TEAL NEST COURT	SEP -8 PM P.
	PONTE VEDRA BEACH F City/State and Zip Code	
V 0 5	BURGH 51 @ GMAIL . COM mail address: (to be used for future annual report not	(fication)
	ther information concerning this matter	
Ro	BERT VOSBURGH	at (904) 273-6305
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 608.508, 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.

Name of the limited liability company:	RPV International, LLC	_
2. (a) Principal office address of limited liability compar	ny:	_
(Note: MUST BE STREET ADDRESS)	100 Teal Nest Court Ponte Vedra Beach, FL 32082	
(b) Mailing address of limited liability company:		_
(Note: MAY BE POST OFFICE BOX)	100 Teal Nest Court Ponte Vedra Beach, FL 32082	_
11/16/2010	L10000119128	
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:	CORPORATION SERVICE COMPANY	<u>, </u>
Registered Office Address:	1201 Hays St.	_
	Entra Mi	
(b) Enter name of NEW Registered Agent and/or NE	1, 1	
NEW Registered Agent:	InCorp Services, Inc.	[] - (=
NEW Registered Office Address:	17888 67th Court North	_
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee ,FL33470	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization	
Signature of a member or authofized representative of a member		
ROBERT VOSBURGH 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 property of a light and accept the obligations of my polyapter 108, F.S. Or, if this document is being filed to me to a light and accept the limited liability company of the light and light and light accept the limited liability company of Registered Agent. Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in vrely reflect a change in the registered office y has been notified in writing of this change.	9