LIICOOOOITH

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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FALLAHASSEF, FLOBING

D. BRUCE
MAR 31 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: RWI	K 223	35 SOL	JTEL,	LLC		
	Name of						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered (Office	Change	and fee(s) are submitte	d for filing.	
Please	return all correspondence concerning	this m	natter to	the follo	wing:		
	ROSELY W. KANNER			_			
	Name of Person						
	RWK 2235 SOUTEL, LLC	,					
	Firm/Company					- marg	
	1331 HERON POINT ROA	D				Pro I	: *
	Address			_		S IAF	
	JACKSONVILLE, FLORIDA 32	2223				10 A	
	City/State and Zip Code			_		OF STATE E. FLORIDA	
	rosoly kannor@amoil.com	•				REA REA REA REA REA REA REA REA REA REA	ì
rosely.kanner@gmail.com E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matt	ter, ple	ase call:				
	DOOGLY W KANNED						
	ROSELY W. KANNER Name of Person	_ at (_		_) Area Code .	260-50 & Daytime Telepho		
	taine of recison		•	tica code	ac Daytime Telepho	one ivainbei	
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section						
				Section Corporations			
			Box 632				
2661 Executive Center Circle Tallahassee					Florida 32314		
	Tallahassee, Florida 32301						
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$5:	5 Filing	Fee & Certifie	d Copy	

INHS18 (5/08)

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:	RWK 2235 SOUTEL, LLC				
2. (a) Principal office address of limited liability compar	y: 1331 HERON POINT ROAD				
(Note: MUST BE STREET ADDRESS)	1331 HERON POINT ROAD JACKSONVILLE, FLORIDA 32223				
(b) Mailing address of limited liability company:	1331 HERON POINT ROAD				
(Note: MAY BE POST OFFICE BOX)	1331 HERON POINT ROAD JACKSONVILLE, FLORIDA 32223				
12/30/2010	L11000000174				
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					
Registered Agent:	PEEK, DAVID H				
Registered Office Address:	50 NORTH LAURA STREET SUITE 2600				
	JACKSONVILLE, FL 32202 US				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address: ROSELY W. KANNER				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1331 HERON POINT ROAD				
	JACKSONVILLE ,FL32223				
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. Signature of a member or authorized appresentative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization y.				
<i>V</i> .	SSE SSE				
ROSELY W. KANNER Printed or typed name of signee	- Ta z m				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligation of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited hability compand	agree to act in this capacity. That her agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.				
Signature of Registered Agent	•				
Division of Cornerations P.O. Roy 63	327 Tallahassaa El 32314				

FILING FEE: \$25.00