## LII 000053365

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SEPARTABLE DE STATE

B. BOSTICK

JUL - 3 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: R.E.C. TECHNOLOGIES, LLC  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADRIAN FAIRCLOUGH SR Name of Person
R.E.C. TECHNOLOGIES, LLC Firm/Company
125 S. STATE ROAD 7, SUITE 104-180
WEST PALM BEACH FL 33414  City/State and Zip Code  adrianf@rectllc.com
Adrianf@rectllc.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ADRIAN FAIRCLOUGH SR at ( 561 ) 249-4831  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & 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.

ag	ent,	or both, in the State of Florida.	
1.	Nar	ne of the limited liability company:	R.E.C. TECHNOLOGIES, LLC
2. (a) Principal office address of limited liab		Principal office address of limited liability con	npany: 125 S. STATE ROAD 7
		(Note: MUST BE STREET ADDRESS)	SUITE 104-180 WEST PALM BEACH FL 33414
	(b)	Mailing address of limited liability company:	125 S. STATE ROAD 7
		(Note: MAY BE POST OFFICE BOX)	SUITE 104-180 WEST PALM BEACH FL 33414
		05/05/2011	L11000053363
3.	Dat	e of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
		Registered Agent:	ADRIAN FAIRCLOUGH SR
		Registered Office Address:	11985 SOUTHERN BOULEVARD SUITE 184 WEST PALM BEACH FL 33411
	(b)	Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office address: S
		NEW Registered Agent:	ADRIAN FAIRCLOUGH SR 😤 🔟
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	125 S. STATE ROAD SOUTE 104-180 WEST PALM BEACH FL33414
co an lia	ntirn d the bilit	y company, it is hereby confirmed that the chan	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany.

Signature of a member or authorized representative of a member

Danielle Fairclough

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 608, 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.

Signature of Registered Agen

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