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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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SECRETARY OF STATE
FALLAHASSEE FI ASIDA

MAR 0 4 2013 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RDC DISTRIBUTING, 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:

RYAN CURTIS

Name of Person

RDC DISTRIBUTING, LLC

Firm/Company

403 COLLINS ST.

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

RCURTIS321@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN CURTIS

_{ar} 386

676-7438

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

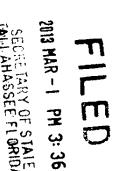
MAILING ADDRESS:

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.

1. Name of th	ne limited liability company:	RDC DISTRIBUTING, LL	С	
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)			403 COLLINS ST. ORMOND BEACH, FL 32174	
(b) Mailin	g address of limited liability: MAY BE POST OFFICE	company:	403 COLLINS ST. ORMOND BEACH, FL 32174	
(ITOIC	. MAT BET OST OTTICE	<u> </u>		
06/24/2011			L11000073499	
3. Date of fill	ing/registration in Florida	4	1. Document number	
5. (a) Regist	tered Agent and Registered C	Office shown on th	ne records of the Florida	Dept. of State:
Regist	ered Agent:		CORPORATION SERVICE COMPANY	
Regist	tered Office Address:		1201 HAYS STREET	2013
			TALLAHASSEE FL 32301 US	26 3
	name of NEW Registered A	gent and/or <u>NEV</u>		ASSEF FI
<u>NE W</u>	Registered Agent:		RYAN D. CURTIS	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		ADDRESS)	403 COLLINS STREET	를
*************************************			ORMOND BEACH	,FL_32174
confirmed the and the busine liability compute members the operating	liability company is not organt after the change or changes ess office of the registered agoany, it is hereby confirmed to of the limited liability compandagreement of the limited liability compandagreement of the limited liability of a modern or authorized representative of a	s are made, the Florent will be identified that the change(s) any or as otherwise oility company.	aws of the State of Floric orida street address of th cal. Or, in the case of a was/were authorized by he provided in the articles	la, it is hereby e registered office Florida limited an affirmative vote of s of organization or
RYAN D. CURTIS Printed or typed to	name of signee		-	
I hereby acce comply with t and I am fam. Chapter 608, address, I her	ept the appointment as regist he provisions of all statutes i iliar with and accept the obli F.S. Or, if this document is reby confirm that the limited	ered agent and ag relative to the pro gations of my pos being filed to mer liability company	gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in the has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.
Signature of Reg	istered Agent			

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