

1/16/2014 12:31:19 From: To: (850)617-6383

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
RJLJR FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
14 JAN 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA
2016 Jan 16 AM 9:08

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JAN 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJLJR Florida, 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:

Frank G. Dunten

Name of Person

Dickinson Wright PLLC

Firm/Company

200 Ottawa Avenue, N.W., Suite 1000

Address

Grand Rapids, MI 49503

City/State and Zip Code

fdunten@dickinsonwright.com

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

For further information concerning this matter, please call:

Frank G. Dunten

Name of Person

at (616) 458-1300

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

RECEIVED
JAN 16 2014

2014 JAN 16 PM 9:08

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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 the limited liability company: RULIR Florida, LLC
2. (a) Principal office address of limited liability company: 9401 N. Southern Orchard Rd.
David, FL 33328
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: P.O. Box 6070
Grand Rapids, MI 49516
(Note: MAY BE POST OFFICE BOX)

08/12/2011

L11000092927

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:

Freeberg, Richard

Registered Office Address:

9401 N. Southern Orchard Rd.
David, FL 33328

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:C T Corporation SystemNEW Registered Office Address:1200 South Pine Island Road**(MUST BE FLORIDA STREET ADDRESS)**PlantationFL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Frank G. Dunton
Signature of a member or authorized representative of a member

Frank G. Dunton

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.

James Halpin
Signature of Registered Agent Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)