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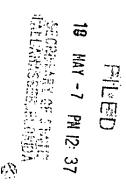
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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O SIMMONS MAY 1 1 2018

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	RP International, LLC		
		of Limited Liability Company	
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please retu	arn all correspondence concerning this r	natter to the following:	
Alynda E	Burelle		
	Name of Person		
RP Inter	national, LLC		
	Firm/Company	WANAGA Land Control of	
3400 S.	Tamiami Tr., Suite 300		
	Address	***************************************	
Sarasota	a, FL 34239		
	City/State and Zip Code	p him the set of the s	
accounti	ing@royceintl.com		
E-ma	ail address: (to be used for future annua	report notification)	
For further	r information concerning this matter, pl	ease call:	
Alynda E	Burelle	941-894-1228	
	Name of Person	Area Code & Daytime Telephone Number	
S1	TREET/COURIER ADDRESS:	MAILING ADDRESS:	
	gistration Section	Registration Section	
	vision of Corporations	Division of Corporations	
	ifton Building	P.O. Box 6327	
	61 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314	
Er	nclosed is a check for the following an	nount:	
Ø	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/	(14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	ame of the limited liability company: RP Internation			
. (a)	3400 S. Tamiami Tr., Suite 300  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Sarasota, FL 34239	(b		g address of limited liability company: e: MAY BE POST OFFICE BOX)
. (a)		4.		of ument number
	Registered Agent and Registered Office shown on the records of the Registered Office Address (AIUST BE FLORIDA STREET AT 3400 S. Tamiami Tr., Suite 300			
	Sarasota , FL	34239		<i>≅</i> <b>≅</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	ress:	
	NEW Registered Office Address:			7 PM IZ:
	, FL	· <u></u>		37
ne cha gent v /as/v/	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regisability co f the lim limited li	tered office and mpany, it is here ted liability com	the business office of the register by confirmed that the change(s) pany or as otherwise provided in
Signa	ture of a member or authorized representative of a member	Sell		ed or typed name of signee
i here rovisi he obl o meri	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a complete to the complete of the conditions of the change.	ee to act performa d for in C hereby co		