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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MA1L
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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O SIRAMONS



CSC - WILMINGTON

251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 7, 2018

Order#: 061719/015

Re: REALCO CAPITAL PARTNERS II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

(a)	7512 Lake Valencia	Court	(b)	
	Principal office ac	ddress of limited liability company: ST BE STREET ADDRESS .	\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ft. Myers, FL 33			
	12/28/2011	: : : :	L1	1000144661
	Date of filing	g/registration in Florida	4.	Document number
(a)	Edward P. McCrys	stal		
(4)		sistered Office shown on the records	of the Florida Dept	L of State:
			•	
	7512 Valencia Coul Registered Office Addres		ET ADDRESS	
	Registered Office Address	S UNUST BE FLUNIDA STREE	I ADDRESSI	
	<u>.</u>			
	Ft, Myers	· 	FI 33031	
			T.L_35951	
(h)	Corporation Service	Company		
(0)		stered Agent and/or NEW Register	red Office address:	-9 AH 00. 10
	_			Q.
	1201 Hays Street			5
	NEW Registered Office	Address:		
		······································		
	Tollohoooo		n: 00004	
	Tallahassee		FL 32301	
e cha gent v as/w	inge or changes are ma vill be identical. Or, in are authorized by an at	nde, the Florida street address in the case of a Florida limited	of the registered l liability compar is of the limited l	1
C:	17/1			Printed or typed name of signee
-	\circ	zed representative of a member		
here.	by accept the appointn	nent as registered agent and c trive to the proper and comple	agree to act in th	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep

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