Division of Corporations

00041677

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000253171 3)))



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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

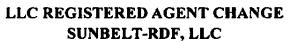
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due of submission 10/29

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NOV 0 6 2014

10/29/2014

T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sunbelt-RDF, 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 m	atter to the following:		
Amy Kramer			
Name of Person			
Apple REIT Companies			
Firm/Company			
814 E. Main Street			
Address			
Richmond, VA 23219			
City/State and Zip Code			
akramer@applereit.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, ple	ase call:		
Name of Person	at () Area Code & Daytime Telephone Numbe		
	, man data as as junto 1 otophono 1 amou		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
🗷 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

850-617-6381

10/30/2014 12:59:42 PM PAGE 1/001 Fax Server



October 30, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SUNBELT-RDF, LLC
FAX FILINGC T CORPORATION SYSTEM**
DOTHAN, AL 36301

SUBJECT: SUNBELT-RDF, LLC

REF: L12000041677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The registered agent signature is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist FAX Aud. #: B14000253171 Letter Number: 714A00023259

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RE

P.O BOX 6327 - Tailahassec, Flonda 32314

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	ume of the limited liability company:	.c				
2. (a)	814 E. Main Street		b) 814 E Mr	sin Street		
±. (a)	Principal office address of limited liability company: (Note: MUST_RESTREET_ADDRESS)	_ `	ــــــــــــــــــــــــــــــــــــــ	Mailing address of limited liability of Note: MAY BE POST OFFICE		_
	Richmond, VA 23219	_	Richmond	1, VA 23219		_
	03/23/2012	_	L12000041	1677	, , , , , , , , , , , , , , , , , , , 	
3.	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	4.	**	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR. SUITE A Registered Office Address MUST BE FLORIDA STEERT.		·	-		
	TALLAHASSEE , FL	32301	· · · · · · · · · · · · · · · · · · ·		14 00.	SECR
(p)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ddress;	_	T 29 AM	HASSEE.
	NEW Registered Office Address:	-		_	===0	FLOR
	1200 South Pine Island Road				æ	D F
	Plantation	33324				
the chi agent v	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited life ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the fithe registrictly of the limited	istered office company, it mited liability liability co	ce and the business office of the is hereby confirmed that the clity company or as otherwise or	e registe	ered
Signa	dure of a member or authorized representative of a member		13 KIMBEL, A	Printed or typed name of signee		—
I here provisi the obli to men notifie C T Co	by accept the appointment as registered agent and agens of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. Apporation System	-	,,,,,,,,,,	pacity. I further agree to comp duties, and I am familiar with 15, F.S. Or, If this document is t the limited Itability company	nhy with and acc being fl has been	the hepf led
Signatu	re of Registered Agent	* 1	·	t Complete		

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