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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RISS Proper Name of Limited	rties, LLC I Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Rob Shackle ford Name of Person	· · · · · · · · · · · · · · · · · · ·		
RISS Properties, LLC			
Po Box 600335 Address			
Jacksonville FZ 32 City/State and Zip Code	2260		
Rob. Shackle for a yahoo. con E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, plea	ase call:		
Rob Shackle Furd at (904) 424-4154 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.

0-	\mathcal{D}_{\cdot}
1. Name of the limited liability company: <u>K155</u>	Properties, LLC
2. (a) Principal office address of limited liability company	: 4455 Baymeadus R
(Note: MUST BE STREET ADDRESS)	Jacksonville, FZ
	7/227
(b) Mailing address of limited liability company:	Por Box 600335
(Note: MAY BE POST OFFICE BOX)	Jacksonville, tz
8/2/12	L12000099454
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	David Siddall
Registered Office Address:	4455 Baymeadons Rd #106
	Jackson Welle, Fr 32217
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Joe lanese.
NEW Registered Office Address:	8613 Old Kings Rd S. #100
(MUST BE FLORIDA STREET ADDRESS)	Jacksonville FL 32217
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the provisions of all statutes relative to the province of the provisions of the obligations of my portage of the obligations of the province of	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
	27 Tallahassaa FI 22214
Division of Corporations, P.O. Box 63:	4/, Tahahassee, FL 32314

FILING FEE: \$25.00