L13000067847

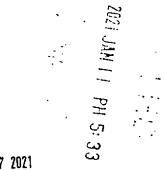
(Requestor's Name)
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EEB 1 7 2021

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations										
RSL LLC SUBJECT:										
Name of Limited Liability Company										
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.									
Please return all correspondence concerning this matte	er to the following:									
Laura Sparanese										
Name of Person										
RSL LLC										
Firm/Company										
Address										
2911 Euclid Terrace										
City/State and Zip Code										
The Villages, FL 32163										
E-mail address: (to be used for future annual rep	oort notification)									
For further information concerning this matter, please	call:									
Laura Sparanese at (954.547.9936									
Name of Person	Area Code & Daytime Telephone Number									
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303									
Enclosed is a check for the following amou	nt:									
■ \$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 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.

2. (a)			(b)						
<u> (</u> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2911 Euclid Terrace			2911 Eucl	d Terrace				
	The Villages, Fl 32163			The Villages, FL 32163					
	5/8/2013		L13000067847						
3.	Date of filing/registration in Florida	4.	_		Document	number			
5. (a)									
	Registered Agent and Registered Office shown on the records of	of the Flor	rida	Dept. of Sta	nte:				
	Ronald Sheffron	r (DDD)			_				
	Registered Office Address (MUST BE FLORIDA STREE) 2911 Euclid Terrace	ADDKI	:33/				<i>(</i> -)		
	The Villages.	32163					2021		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C			ress:	_	;	2021 JAN 1 1 PH 5:		
	NEW Registered Office Address:				_		ဒ္		
	2911 Euclid Terrace				_				
	The Villages, F	L_32163		<u>-</u>					
change agent was/w was/w the art Signa	imited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the unife of a member of authorized representative of a member by accept the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change by the registered office address.	regist iability of the I limite	erec cor imi d lia aura	l office at appany, it is ted liability con Sparanescent this car.	nd the busine is hereby cor ity company impany. c Printed or ty	ess office of firmed the or as other ped name of the other ped nam	of the repart the clarwise professionee	gistered hange(s) rovided in	

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