

L130000 93671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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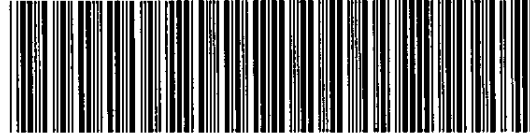
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 14 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rice Special Situations, 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 matter to the following:

C. Daniel Rice

Name of Person

Mayport Venture Partners, LLC

Firm/Company

50 N. Laura St., Suite 1208

Address

Jacksonville, FL 32202

City/State and Zip Code

cdrice@mayport.cc

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Daniel Rice at (904) 359-0500
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 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.

1. Name of the limited liability company: Rice Special Situations, LLC

2. (a) C. Daniel Rice C/O Mayport Venture Partners (b) Daniel Rice C/O Mayport Venture Partners

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

50 N. Laura St., Suite 1208

Jacksonville, FL 32202

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

50 N. Laura St., Suite 1208

Jacksonville, FL 32202

June 27, 2013

L13000093071

3. Date of filing/registration in Florida

4. Document number

5. (a) Nostro, Louis, ESQ.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Four Seasons Tower

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1441 Brickell Avenue, Suite 1230

Miami, FL 33131

(b) C. Daniel Rice

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Mayport Venture Partners CC

NEW Registered Office Address:

50 N. Laura St., Suite 1208

Jacksonville, FL 32202

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

C. Daniel Rice

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent