13000132879

(R	equestor's Name))			
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phor	ne #)			
		MAIL			
(B	usiness Entity Na	ame)			
(D	ocument Number	r)			
Certified Copies	Certificate	es of Status			
Special Instructions to	> Filing Officer:				
	Office Use C				

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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. N	ame of the limited liability company: RRP COMMUNI	TY ASS	ET HOLDING	SS, LLC	
2. (a)	777 SOUTH FLAGLER DRIVE, SUITE 500E	(b)	777 SOU	TH FLAGLER DRIVE, SUITE 500E	
.,	Principal office address of limited liability company:	_ (-,		iling address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)			Note: MAY BE POST OFFICE BOX	
	C/O GUNSTER, YOAKLEY & STEWART, P.A.	_	C/O GUNS	TER, YOAKLEY & STEWART, P.A.	
	WEST PALM BEACH, FL 33401	_ -	WEST PAL	M BEACH, FL 33401	
	09/19/2013		1 12000122	970	
3.	Date of filing/registration in Florida		L13000132		
5.	Date of Hing/egistration in Fiorida	4.	L	ocument number	
5. (a)	GY CORPORATE SERVICES, INC.				
• •	Registered Agent and Registered Office shown on the records of th	he Florida	Dept. of State:		
	600 Brickell Avenue, Suite 3500				
	Registered Office Address (<u>10031 BE FLORIDA STREET ADDRESS</u>)				
	MIAMI, FL	<u>33131</u>			
(b)	Corporation Service Company				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (
			<u> </u>	9 ··· 37	
	1201 Hays Street				
	<u>NEW</u> Registered Office Address:				
	Tallahassee, FL, FL	32301			
lf the l	imited liability company is not organized under the laws	s of the S	State of Flori	da, it is hereby confirmed that after	
agent v	inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab	ne regist	ered office a	nd the business office of the registered	
was/we	ere authorized by an affirmative vote of the members of	the limit	ed liability c	ompany or as otherwise provided in	
the arti	cles of organization or the operating agreement of the li	imited lia	ability compa	any.	
	/S/ Derek Cusack	Dere	Cusack Ar	thorized Person	
Signa	ture of a member or authorized representative of a member			rinted or typed name of signee	
I herei	by accept the appointment as registered agent and agree	a to act i		-	
provisi	ons of all statutes relative to the proper and complete p	e to act i erformai	n mis capaci nce of my du	ies, and Lam familiar with and accent	
the obl to meri	ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided if reflect a change in the registered office address. I he	för in Cl	haptér 605, F	S. Or, if this document is being filed	
notified	Tin writing of this change.	: e o y c 01	ga manata inte	amaea aabany company has been	
	Drace C-Kuble				

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President

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