

L14000091261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JZ
10/22/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSBIRA 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:

Lisa Borges Brooks
Name of Person

174 Watercolor Way, Ste 103 PMB #123
676 50 Miller Rd
Firm/Company
Address

Santa Rosa Beach, FL. 32459
City/State and Zip Code

lisa.brooks@30ALocal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Brooks at (850) 419-5183
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: RSBIRA LLC
2. (a) 174 Watercolor Way 103-115 (b) 174 Watercolor Way 103-123
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Santa Rosa Beach Santa Rosa Beach
FL 32459 FL 32459
3. 06/06/2014 4. L14000091261
Date of filing/registration in Florida Document number

5. (a) Dekle, Bruce
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

174 Watercolor Wy Suite 103-115
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Santa Rosa Beach, FL 32459
_____, FL _____

- (b) Lisa Borges Brooks
Enter name of NEW Registered Agent and/or NEW Registered Office address:

174 Watercolor Wy PMB 123
NEW Registered Office Address:
Santa Rosa Beach FL
_____, FL 32459

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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

Lisa Borges Brooks
Printed or typed name of signer

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