L1400011535H

(Requestor's Name)					
(Address)					
(Addre	ss)				
(City/S	itate/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Docur	ment Number)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

K. SALY JAN 1 1 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: RKMR OF FLORIDA, LLC

Ref. Number: L14000115354

We have received your document for RKMR OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00026326

COVER LETTER . . .

то:	Registration Section Division of Corporations			!		
SUBJE	RKMR OF FLORIDA, LLC					
SUDJE	Name	e of Limited L	iability Company			
Dear Si	r or Madam:			1		
The enc	losed Registered Agent/Registered Offic	ce Change and	I fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this	s matter to the	following:			
Destin	y Baylor					
	Name of Person					
Parac	orp Incorporated					
	Firm/Company					
2804	Gateway Oaks Dr #100					
	Address					
Sacra	mento, CA 95833					
	City/State and Zip Code			1		
parac	orp@myparacorp.com					
E-	mail address: (to be used for future annual	ual report noti	fication)			
For furt	ther information concerning this matter,	please call:				
Destir	ny Baylor	800 at (533-7272			
-	Name of Person		Area Code & Daytime Telep	phone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy	· [
1841619	(2(1.4)					

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.

PROFICE					
1. Na	me of the limited liability company: RKMR OF FLC	ORIDA,	, LLC		
2. (a)	9905 LAKE LOUISE DR	(b)	9905 LAKE LOUISE DR		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` /	Mailing address of limited Eability co (Note: MAY BE POST OFFICE)		
	WINDERMERE, FL 34786		WINDERMERE, FL 34786		
	07/22/2014		L14000115354		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	B&C Corporate Services Registered Agent and Registered Office shown on the records of the	o Florida	- Central Florida Dept. of State:		
	Registered Office Address	DDRESS)	2	18 Sivila Si	
	390 N. Orange AVE, S	STE	1400	A Sign	
	orlando .FL	2	7801	N I OF A	
	<u>OYTAYIAO</u> , FL			COR COR	
(b)	Paracorp incorporated			고 취약 용설	
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	dress:	- T- AA	
				40	
	155 Office Plaza Drive, 1st Floor				
	NEW Registered Office Address:				
	Tallahassee, FL_	323	301		
	to the test to the second and and and and and and and and and a	n of the	Store of Blorida, it is barely confirmed the	at after	
The chi	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	the regis	stered office and the business office of the	e registered	
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility co	ompany, it is hereby confirmed that the ci-	iange(s)	
the art	icles of organization or the operating agreement of the l	limited li	liability company.		
	A. Jutia		Anthony W. Jus	stice	
-	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	for in C ereby co	Chapter 605, F.S. Or, if this document is onfirm that the limited liability company	ly with the and accept being filed has been	
Signati	milton Vona, F	tssist	tant Secretary		

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