## 1500060555

(Requestor's Name)					
(Address)					
(Address)					
( (daless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dugiana Falia Nava)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700331581097

07/15/19--01041--015 \*\*25.00

19 JUL 15 PH 6:52

JUL 2 6 2019 S. YOUNG

## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJEC'	RJE Florida, LLC					
SOBJEC		Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Office	Change and f	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this n	natter to the f	following:			
ا	Heather Daviau					
	Name of Person		_			
I	Butzel Long					
	Firm/Company		_			
4	1000 Woodward Ave., Stoneridge	: West				
	Address		_			
ВІ	oomfield Hills, MI 48304					
	City/State and Zip Code		_			
dav	riau@butzel.com					
E-m	ail address: (to be used for future annual	report notific	cation)			
For further	er information concerning this matter, ple	rase call:				
Heath	er Daviau	248	258-3868			
	Name of Person		Area Code & Daytime Telephone Number			
R D C 2d	TREET/COURIER ADDRESS: egistration Section division of Corporations lifton Building 661 Executive Center Circle fallahassee, Florida 32301	Reg Div P.O	ALING ADDRESS: distration Section dision of Corporations dispersion Box 6327 dahassee, Florida 32314			
E	nclosed is a check for the following an	ount:				
Ø	\$25 Filing Fee	<b>□</b> \$5.	5 Filing Fee & Certified Copy			
INHS18 (2	2/14)					

## 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. 8	lame of the limited liability company: RJE Florid	da, LLC	
2. (a)		(b	b)
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	— <u>—</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	156 Moorings Park Dr. #R306		156 Moorings Park Dr. #R306
	Naples, Florida 34105	<del></del>	Naples, Florida 34105
	04/07/2015		L15000060555
3.	Date of filing/registration in Florida	4.	Document number
5. (a	)		
J. (u	Registered Agent and Registered Office shown on the records of	of the Florida	la Dept. of State:
	Robert J Eaton		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS,	<u>si</u>
	8477 Bay Colony Drive # 301		55 T
	Naples	3410	08 P 2 C
	, I	L	JUL 15 PM 6: 52  JUL 15 PM 6: 52  LANGES FLORIUM  80
(b)	)		
` `	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ado	ldress:
	Robert J Eaton		
	NEW Registered Office Address:		
	156 Moorings Park Dr. #R306		
	Naples , F	L_34105	5
sign Sign I her proviethe of to me notific	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member of authorized representative of a member seby accept the appointment as registered agent and assions of all statutes relative to the proper and completely reflects a change in the registered office address, and in walling of his change.	of the regis liability co of the lim te limited I Rot	istered office and the business office of the registers company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  Obert J Eaton  Printed or typed name of signee  of in this capacity. I further garge to comply with the