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COVER LETTER

TO:	Registration Section Division of Corporations	
SURI	ECT: RC JACKSONVILLE RETAIL, I	LC
		e of Limited Liability Company
Door 9	Sir or Madam:	
Dear 3	on or wadam.	
The er	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	ROBERT KRA	WZ
	Name of Person	
	ELLINAS MULT	IMEDIA
	Firm/Company	
	9570 RESEARCH	DRIVE
	Address	
	IRVINE, CA 92	618
	City/State and Zip Code	
docu	ments@incorp.com	
	E-mail address: (to be used for future annu	ual report notification)
For fu	rther information concerning this matter,	please call:
	ROBERT KRANTZ	at (949) 878-2123
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the following	amount:
	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (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. N	ame of the limited liability company: RC JACKSON	VILLE RETAI	L, LLC
2. (a)	9570 RESEARCH DRIV Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) INVINE CA 92618	2 (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	05/22/2015 Date of filing/registration in Florida	L1500	00090905 Document number
	CORPORATION OF DVICE COMPANY		Bootiness stations
. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Deat o	t State
	1201 Hays Street · Tallahassee, FI 32301-2525	•	n State.
	Registered Office Address (MUST BE FLORIDA STREET A		16 S
	Tallahassee , FL	32301-252	SEP 20 AHASSE
(b)	InCorp Services, Inc.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- FO
	17888 67th Court North		ATE RIDA
	NEW Registered Office Address:		
	Loxahatchee	33470	
ne cha gent v as/we ne arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized expresentative of a member	the registered of bility company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
here	h accept the appointment as registered agent and agre	e to act in this	canacity. I further agree to comply with the
rovisi e obj men otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflecting thange in the registered office address, I had in writing of this change. Josie A Sorensen on the office agent as provided by reflecting the second	performance of for in Chapter ereby confirm	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	Division of Corporations P.O. B		ahassee, FL 32314

INHS18 (2/14)