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O SIMMONS SEP 2 1 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RC LAKE WALES RETAIL, LLC	C			
	e 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:				
ROBERT KRANT	2			
Name of Person	 			
ELLINAS MULTIMA	EDIA			
Firm/Company				
9570 RESEARCH D	RIVE			
Address				
IRVINE, CA 926	618			
City/State and Zip Code				
documents@incorp.com				
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this matter,	please call:			
ROBERS KNANTZ at 949, 878-2123				
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. Na	me of the limited liability company: RC LAKE WALE	SRET	AIL, LLC	
2. (a)	9570 RESEARCH DRIVE			SAME
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	IRVINE CA 92618	-	 ,	
	05/22/2015	- 1	.15000090	0920
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	CORPORATION SERVICE COMPANY			
, (u)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	. ≥ <u>.</u>
	1201 Hays Street · Tallahassee, FI 32301-2525 U	ls		6 S
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			To the state of th
				1888 1888 1888 1888 1888 1888 1888 188
	Tallahassee , FL_	3230	1-2525	SETT
(b)	InCorp Services, Inc.			TATE
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	Mee add	ress:	>
	17888 67th Court North			
	NEW Registered Office Address:			
	Loxahatchee , FL	33	470	
he chai igent w vas/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab	ne regist ility con the limi mited li	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	-	 	Printed or typed name of signee
rovisii he obji o mere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- gations of my position as registered agent as provided f by reflectly change in the registered office address, I held in writing of this change. Josie A Sorensen on	erforma for in Ci reby coi	nce of my d hapter 605, ifirm that t	uties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been
Signatur	C of Resident Agent	_ (225	m-u r	DY 20214

FILING FEE: \$25.00

INHS18 (2/14)