LISCOUNTY 6

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SEUNCIARY OF STATE
SEUNCIARY OF STATE
TALL A MASSEF, FLORIDA

FILED



February 14, 2018

HEIDI MORRIS 181 KEY DEER BLVD BIG PINE KEY, FL 33043

SUBJECT: RHDOD 3 ENTERPRISES, LLC

Ref. Number: L15000171446

We have received your document for RHDOD 3 ENTERPRISES, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Dionne M Pijeaux Regulatory Specialist Letter Number: 018A00003269

FILED

MIBNAR -9 AN IO: 21

COVER LETTER

Division of Corporations				
RHDOD 3 Enterprises,LLC SUBJECT:				
	ne of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing	3.	
Please return all correspondence concerning th	nis matter to t	he following:		
Heidi Morris				
Name of Person				
The UPS Store 6896				
Firm/Company				
178 W Shore Dr				
Address			₩ ~ ?	
Summerland Key FL 33042			2018 WAR -9 A 11: 07 SECRETARY OF STATE SECRETARY OF STATE	77
City/State and Zip Code			五人の	HIL
store6896@theupsstore.com			A A	I
E-mail address: (to be used for future an	nual report no	otification)	FL011	C
For further information concerning this matter	r, please call:		RIDA	
Heidi Morris	303	5010233		
Name of Person		Area Code & Daytime Tele	ephone 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 followin	g amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Cop	ру	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State

l. Na	me of the limited liability company: RHDOD 3 En	terpris	es, LLC	
2. (a)	_	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	181 Key Deer Blvd		181 Key	Deer Blvd
	Big Pine Key, FL 33043	_	Big Pine	Key FL 33043
	10/8/2015		L1500017	7 1446
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
). (u)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept, of State	- e:
	UNITED STATES CORPORATION AGENT	S, INC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	-
	13302 WINDING OAK COURT			
	Tampa . FI	33612	2	NIB WAR -9 SECRITARY FALLAHASSE
	,			PAR E
(b)				MA-9 A AHASSEE, F
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	es e m
	Heidi Morris			A III: 0
	NEW Registered Office Address:			T. O
	178 W Shore Dr			
	Summerland Key .FI	33042	2	
the cha agent was/w was/w the art Signa I here provis the ob to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nurse of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide relivered a change in the registered office address, I dir writing of this change.	f the regisability of the lice limited W	sistered office company, it is mited liability I liability con illiam Morri	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in npany. S Printed or typed name of signee

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

Signature of Registered Agent