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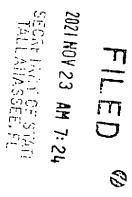
| (Requestor's Name) | | | | | |
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| PICK-UP WAIT | MAIL | | | | |
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| (Business Entity Name |) | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of | of Status | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|-----------------------|---|
| | • | | |
| SUBJ | ECT: RVAM Services LLC | | |
| 5020 | <u> </u> | lame of Limited Lia | bility Company |
| Dear 3 | Sir or Madam: | | |
| The e | nclosed Registered Agent/Registered (| Office Change and fo | ee(s) are submitted for filing. |
| Pleaso | e return all correspondence concerning | this matter to the fo | llowing: |
| Sara C | Castro Potts, Esquire | | |
| | Name of Person | | _ |
| Castro | Potts Law Firm, PLLC | | |
| | Firm/Company | | |
| 14864 | Tamiami Trail, Unit A-205 | | |
| | Address | | _ |
| North | Port, FL 34287 | | |
| | City/State and Zip Cod | | _ |
| | o@castropotts.com | | |
| | E-mail address: (to be used for future a | annual report notific | ation) |
| For fi | orther information concerning this matter | ter, please call: | |
| Sara (| Castro Potts | 941 at (| 300-9595) Area Code & Daytime Telephone Number |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 |
| | | | Tallahassee, FL 32303 |

Enclosed is a check for the following amount:

■ \$25 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. 1 | Name of the limited liability company: RVAM Services, | LLC | | | |
|----------------------------|--|--|---|---|--|
| 2. (a | 616 Tamiami Trait | | (b) 616 Tamiami Trail | | |
| ` | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (-) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Unit C | | Unit C | | |
| | Port Charlotte, FL 33953 | | Port Char | rlotte, F4, 33953 | |
| | 01/05/2016 | | 1.16000003 | 3370 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a | Sara Castro, Esquire | | | | |
| ` | Registered Agent and Registered Office shown on the records of 99 Nesbit Street | the Flo | rida Dept. of Sta | ste: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | FIL 2021 NOV 23 SECRE LANAY TALLAHAS | |
| | Punta Gorda, F1 | 33950 |) | OV 23 | |
| (b | | | | X 로 M | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | i Office | address: | 7:24 Sign | |
| | 1990 Main Street | | | _ 8 | |
| | NEW Registered Office Address: | | | | |
| | Suite 750 | | | _ | |
| | Sarasota, FL | _3423 <i>(</i> | , | | |
| chang agent was/v | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited have the care authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | regist ability of the l | ered office ar company, it i imited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in | |
| | Dava Carler | S | ara Castro Pott | | |
| | attire of a member or authorized representative of a member | | | Printed or typed name of signee | |
| provi: the ob to me. | eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I had writing of this change. | ee to e perfor d for i hereby | nct in this cap mance of my n Chapter 60, confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been | |
| Signat | are of Registered Agent | | | | |