

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

600338140666

01/02/20--01009--019 \*\*25.00



JAN 30 2020 S. YOUNG

Office Use Only

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

RWK 7403 103rd, LLC

SUBJECT:

## Name of Limited Liability Company

904

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:

Rose W. Kanner

Name of Person

RWK 7403 103rd, LLC

Firm/Company

1331 Heron Point Road

Address

Jacksonville, FL 32223

City/State and Zip Code

omkannerproperties@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Rosely Kanner** 

Name of Person

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

260-5020

Area Code & Daytime Telephone Number

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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.

a) .	RWK 7403 103rd, LLC		(b)	F	RWK 7403 103rd, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		• •		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1331 Heron Point Road			1331 H	eron Point Road
	Jacksonville, FL 32223			Jackso	nville, FL 32223
	04/16/2014		L	160000	155333
	Date of filing/registration in Florida	4.			Document number
)	J. Jacob R. Peek				
,	Registered Agent and Registered Office shown on the records of	the Flor	ida		Glate:
	1 Independent Drive				28
	Registered Office (MUST BE FLORIDA STREET	ADDRE	SS)		
	Address				2020 JAW SPORT
	Jacksonville	32202	2		North -2 -
	Rose W. Kanner		-		PH 6: 43
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	ress:	
	1331 Heron Point Road				
	NEW Registered Office Address:		-		
			3		

to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

- - **-**

÷.