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(Ře	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	#)
		MAIL
(Business Entity Name)		
(De	ocument Number)	
Certified Copies	Certificates	of Status
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07/26/16--01003--020 **25.00





COVER LETTER

TO: Registration Section **Division of Corporations**

MANAGEMENT 6700P LLC Name of Limited Liability Company SUBJECT:

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:

JAIME PEISACH Name of Person

RP MANAGE MENT GOUD LLC Firm/Company

11061 NE 6TY AVE Address

MIAN, FL 33161 City/State and Zip Code

TAINE 1234 @ ME. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>JAIME PEISACH</u> at <u>305</u> <u>794201</u> Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

□ \$25 Filing Fee

Registration Section

\$55 Filing Fee & Certified Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2016

JAIME PEISACH ***2ND MAILING*** 11061 NE 6 AVE MIAMI, FL 33161

SUBJECT: RP MANAGEMENT GROUP LLC Ref. Number: L16000103429

We have received your document for RP MANAGEMENT GROUP 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00015793

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www.sunbiz.org

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. Name of the limited liability company: $RP MANA6EMEN$	UT GROUP LLC
	161 NE 675 AVE
	ling address of limited liability company: Note: MAY BE POST OFFICE BOX
M[An] FC 33161 M	IANI FL 33161
$\frac{05/26}{6} \frac{L16}{4}$	000103429
3. Date of filing/registration in Florida 4. D	ocument number
5. (a) CATALINA UNBE	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
11061 NE 671 AVE	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
MIANI, FL 33161	
,FL,FL	
(b) JAIME PEISACH	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	je <u>s</u> na
11061 NE 6TH AVE	2 PHI2: 22
NEW Registered Office Address:	
MIANI, FL 33161	
If the limited liability company is not organized under the laws of the State of Flori	da, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office a	nd the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is h was/were authorized by an affirmative vote of the members of the limited liability c	ompany or as otherwise provided in
the articles of organization or the operating agreement of the limited liability compa	iny.
Signature of a member or authorized representative of a member P	The PEISACH
Interacting of a memory of automatic representative of a memory.	ity I further agree to comply with the
Chereby accept the appointment as registered agent and agree to act in this capace provisions of all statutes relative to the proper and complete performance of my du the obligations of my position as registered agent as provided for in Chapter 605, H to merely reflect a change in the registered office address, I hereby confirm that the	lies, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
nouped in writing of this change.	. minica naonny company nas coor
Signature of Registered Agent	
Division of Corporations• P.O. Box 6327• Tallahasse FILING FEE: \$25.00	e, FL 32314

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