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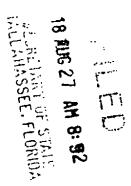
(Re	equestor's Name)		
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** COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:RCGIII PROPERTIES, LLC	<u> </u>
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Ralph C. Ghioto, III	
Name of Person	
. Firm/Company	
. Thriveompany	
1023 Lake Charles Circle	五百万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万
Address	
Tampa, Florida 33548	FLORIU
City/State and Zip Code	
rcgcentury@aol.com	
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matte	r, please call:
Donald H. Whittemore, Esquire	813 472-7550
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	ng amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Nai	me of the limited liability company: RCGIII PROPI	ERTIES	, LLC	
2. (a) _	1023 Lake Charles Circle	(b) 1023 Lake Charles Circle		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, Florida 33548		Tampa,	Florida 33548
	August 15, 2018	_	L16000	141976
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Ralph C. Ghioto, III			
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of Stat	e:
				- a, -
•	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	3308 West Hillsborough Avenue		_	- 影 6
•	Tampa, FL_	33614		SSS
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	R 8. 2 EE. FLORIUM
	NEW Registered Office Address:			_
	1023 Lake Charles Circle			_
	Tampa, FL_	33584	· =	_
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law tree authorized.	the regist bility conf the limi limited li	ered offic npany, it i ted liabilit	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
~	ure of a member or authorized representative of a member			Printed or typed name of signee
provisie the obli- to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change	ee to act performa I for in C ereby co	in this cap nce of my hapter 60. nfirm 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
Signatu	re of Registered Agent)			

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