216000197224

(Requestor's Name)						
(Address)						
(Address)						
(City/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



400320003474

10/26/18--01016--018 **285.00

18 OCT 26 PH 6: 48
SECTA TAKE OF STATE
TALLAHASSEE FLORIDA

NOV 0 8 2018 S. YOUNG

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	6060-OWNERS GROUP, LLC						
SUBJECT		ne of Limited I	.iability Company				
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning th	is matter to the	e following:				
Gregory	R. Elder						
	Name of Person						
Law Offic	ces of Gregory R. Elder, LLC	∓ 6 6					
	Firm/Company	N= 11	LAR 8 T				
201 Norti	h Ocean Drive, First Floor		1 26 PI				
	Address		PH (
Hollywoo	d, Florida 33019		PH 6: 46 E, FLORIDA				
	City/State and Zip Code						
gelderlav	v@gmail.com						
E-mai	il address: (to be used for future ann	ual report not	ification)				
For further	information concerning this matter,	please call:					
Gregory	R. Elder	305 at (546-1061				
	Name of Person		Area Code & Daytime Telephone Number				
Rej Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fron Building 61 Executive Center Circle llahassee, Florida 32301	R D P	dalLing address: egistration Section division of Corporations O. Box 6327 fallahassee, Florida 32314				
Enclosed is a check for the following amount:							
2	\$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.

1.	Na	me of the limited liability company:	RS GRO	OUP, LLC	
		120 PIPER BLVD		120 PIP	ER BLVD
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PORT ORANGE, FL 32128		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DRANGE, FL 32128
		10/26/2016	_	L1600019	97224
 3. 5. (3) 	a)	Date of filing/registration in Florida ELDER, GREGORY	4.		Document number
J. (<i>,</i>	Registered Agent and Registered Office shown on the records of the 901 SW 9TH TERRACE	ne Florida	Dept, of State	• e:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TALLAR OF
		Fort Lauderdale	33315		ILED T 26 PH
(b) .	Gregory R. Elder			E FLOR
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			: 46 A IE BRIDA
		201 North Ocean Drive			
		NEW Registered Office Address: First Floor			
		Hollywood , FL	33019		
the clagent was/v	hai l w ve	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	the regis bility co the limi imited li	tered office upany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Kigi	nati	are of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	sic bli re	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha in writing of this change.	e to act performa for in C ereby co	in this cape nce of my d hapter 605 nfirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent