L16000218269

(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									
Special Instructions to Filing Officer:									

Office Use Only



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2018 NAR 13 & 10 4 SECRETARY UNSTALL

MAR 1 6 2018

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 114108 7842511								
AUTHORIZATION: Smelsele man								
COST LIMIT : \$25.00								
ORDER DATE: March 13, 2018								
ORDER TIME : 9:45 AM								
ORDER NO. : 114108-005								
CUSTOMER NO: 7842511								
CHANGE OF AGENT								
NAME: REDCAP TECHNOLOGIES, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Roxanne Turner EXT#								
EXAMINER:								



March 14, 2018

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: REDCAP TECHNOLOGIES, LLC

Ref. Number: L16000218269

We have received your document for REDCAP TECHNOLOGIES, 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):

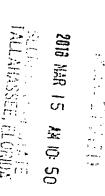
The information in number 5(a) must be completed.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 818A00005114



COVER LETTER

TO: Registration Section

Divi	sion of Corporations							
SUBJECT:	RedCap Technologies, LLC							
SOBJECT.	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the fo	llowing:					
Maura Toler								
•	Name of Person		-					
Solera Holdi	ings, Inc.							
	Firm/Company		-					
1301 Solana	a Blvd., Bldg. 2, Ste. 2100							
	Address	· · · · · · · · · · · · · · · · · · ·						
Westlake, T	X 76262							
	City/State and Zip Code		-					
maura.toler@	@solera.com							
E-mail	address: (to be used for future ann	nual report notifica	ition)					
For further in	nformation concerning this matter,	, please call:						
Maura Toler		817 at (961-2082					
	Name of Person	at (Area Code & Daytime Telephone Number					
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.			LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314					
Encl	losed is a check for the following	amount:						
2 \$2	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. Na	me of the limited liability company: Rec	Cap Techno	logies, LL	<u>C</u>				
2. (a)	1301 Solana Bvd, #2100, Westlake, TX 76262			Same				
	Principal office address of limited liability (Note: MUST BE STREET ADDRI		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	12/02/2016			L160002	218269			
3.	Date of filing/registration in Flor	ida	4.		Document numb	er		
5. (a)	David Zwick							
· (4)	Registered Agent and Registered Office shown on	the records of the	he Florida D	ept. of Sta	te:			
	330 HIMMARSHEE STREET #210							
	Registered Office Address (MUST BE FLORIA	DA STREET A	DDRESS)		_			
	FORT LAUDERDALE	, FL_	33312		- -	<u>-</u> 	18 H	
(b)	Corporation Service Company						E	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered (Office addre	<u>:ss</u> :	_	2	ယ	
								. :
	1201 Hays Street				_	; Cp;=-	တ့	·
	NEW Registered Office Address:						42	
	Tallaharan				_			
	Tallahassee	, FL_	32301		_			
the cha agent v was/we	imited liability company is not organized usinge or changes are made, the Florida stree will be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	et address of t da limited lial e members of	the registe bility com f the limite	red offic pany, it i ed liabili	e and the business is hereby confirme ty company or as	s office ed that t	of the he cha	registered nge(s)
	I well toler		David	Babin, A	ssistant Secretary			
_	ure of a member or authorized representative of a m				Printed or typed na	•		
proviši the obl to mere	By accept the appointment as registered agons of all statutes relative to the proper are igations of my position as registered agencyly reflect a change in the registered office of in writing of this change.	gent and agre nd complete p t as provided address, I h	ee to act in performan I for in Cha ereby conj	this cap ce of my apter 60 firm that	pacity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to c amiliar docume ty comp	comply with a nt is b cany he	y with the and accept eing filed as been
	muly (rest			Em	ily Croft			
Signatu	re of Registered Agent/Corporation Service (Company	BY:	Asst. V	ice President			
	Division of Corporati	ons• P.O. B FILING FE	ox 6327•	Tallaha				