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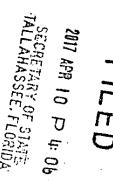
(Re	questor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

Division of Corporations					
SUBJECT: RCS DEVELOPMENT GRO	OUP, LLC				
Nan	ne of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for fil	ing.		
Please return all correspondence concerning th	is matter to the	following:			
STANLEY U. HUNT					
Name of Person		<u> </u>			
RIVER CPA, LLC					
Firm/Company				Ä.s. S	
1547 PETERS CREEK ROAD				2017 APR 10 SECRETARY ALLAHASSEE	- -y-
Address			*	PR I	
GREEN COVE SPRINGS, FL 32043				0 P	
City/State and Zip Code	•	_ _		4: 06 STATE LORIDA	D
INFO@RIVERCPA.COM			2	D → 06	
E-mail address: (to be used for future and	ual report noti	fication)			٠
For further information concerning this matter	, please call:				
STANLEY U. HUNT	90 <u>4</u> at (626-6347			
Name of Person		Area Code & Daytime T	eleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following	g amount:				
☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified C	Сору		

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: RCS DEVELO	PME	NT GROL	JP, LLC			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address o	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		12/22/2016 Date of filing/registration in Florida	4.	L160002	30900 Document nu	ımber		
5.	(a)	HUNT, STANLEY U Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1547 PETERS CREEK ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 te: 	ZS.		
	(b)	GREEN COVE SPRINGS , FL 3 RIVER CPA, LLC Enter name of NEW Registered Agent and/or NEW Registered C	32043 Office ad		- .	2017 APR 10 P 4: 06 SECRETARY OF STATE SECRETARY OF STATE	FILED	
If t	he li	imited liability company is not organized under the laws	s of the	e State of F	– lorida, it is here	eby confirmed tha	ut after	
200	ant v	ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable to the street of the	bility c	ompany, it nited liabili liability co	is hereby confi ty company or mpany.	rmed that the cha as otherwise prov	nge(s)	
	liana	ture of a member or authorized representative of a member		RO	BERT CLAR	d name of signee		
II pro the to no	nerel ovisi obl mere tified	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 ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform for in ereby c	t in this cap ance of my Chapter 60 confirm tha	nacity I furthe	er agree to comply	with the and accept eing filed as been	