117000010959

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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D. SCOTT FEB 9 2017



January 27, 2017

REBECCA GIANNULIS 12415 HITCHING ST ODESSA, FL 33556

SUBJECT: RG ANDERSON CAPITAL PARTNERS LLC

Ref. Number: L17000010959



We have received your document for RG ANDERSON CAPITAL PARTNERS 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 registered agent must sign accepting the designation.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 117A00001726



COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: RG ANDERSON CAPITAL PAR	RTNERS LLC	
Name o	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Rebecca Giannulis		
Name of Person		
RG ANDERSON CAPITAL PARTNERS LLC		
Firm/Company		TAGE T
12415 Hitching St		E B
Address		-9 T
Odessa FL 33556		TARY OF STATE
City/State and Zip Code		景河 5
jennalynn52291@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, pla	ease call:	
Rebecca Giannulis	at (727 283-4020	
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 an	nount:	
\$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.

rwitte	
1. M	Ime of the limited liability company: RG ANDERSON CAPITAL PARTNERS
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/13/17 L17600010959
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	12415 Hitching St
	0dessa , FL 33556
	Rebecca Giannulis
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	12415 Hitching St NEW Registered Office Address:
	NEW Registered Office Address:
	Adessa = 33556
	,12
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. On in the case of a Florida limited liability company, it is hereby confirmed that the change(c)
was/w	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the art	cles of organization or the operating agreement of the limited liability company.
Ţ	ture of a member or authorized representative of a member Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this apage.
Signatu	blca (flathway) re of Registered Agent