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(Requestor's Name)						
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(City/State/Zip/Phone #)						
(0.13, 0.12.0.2.15.1.10.12.17)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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C Office Hea Only						
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
SUBJECT: RL COMPUTER SOLU	TIONS LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.					
Please return all correspondence concernit	ng this matter to the following:					
JB ROTH						
Name of Person						
ROTH LAW FIRM PL						
Firm/Company						
6100 GREENLAND RD., SUITE 60	PILED TILED					
Address						
JACKSONVILLE, FL 32258	27 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25					
City/State and Zip Co	73 - 23					
JB@ROTHLAWFIRM.NET						
E-mail address: (to be used for future	e annual report notification)					
For further information concerning this ma	atter. please call:					
JB ROTH	at () 595-7900					
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	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the follow	wing amount:					
☑ \$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	ame of the limited liability company: RL COMPUT	ER SO	LUTIONS	LLC	
2. (a)	3404 S RAVELLO DRIVE	(h	(b) 3404 S RAVELLO DRIVE		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ST AUGUSTINE, FL 32092	_	ST AUG	USTINE, FL 32092	
	04/17/2017	_	L170000	86076	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ROTH LAW FIRM PL				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	: ::	
	234 CANAL BLVD				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS			
	SUITE 2				
	PONTE VEDRA BEACH FI	32082			
	ROTH LAW FIRM PL			NS 14	
(b)		()65I		MS 14 PR	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office au	uress:		
	6100 GREENLAND ROAD				
	NEW Registered Office Address:			. 23	
	SUITE 604			· · · · · · · · · · · · · · · · · · ·	
	JACKSONVILLE, FL	32258			
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmed the limited th	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
	1		·=	H, AUTH. REPRESENTATIVE	
Signe	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I i I in writing of this change.	perform.	ance of my a	duties, and I am familiar with and accept	
Signatur	of Registered Agent				