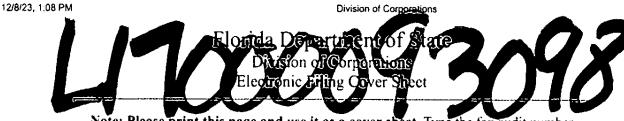
Division of Corporations



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(((H23000419750 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

11	Address:			
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LLC REGISTERED AGENT CHANGE RAC TALLAHASSEE LLC

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT: RAC TALLAHASSEE LLC

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company				
5301 Southwest Pkwy, Suite 400				
Address				
Austin, Texas 78735				
City/State and Zip Code				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Mary Castillo	at ()			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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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. N	RAC TAL	LAHAS	SEE L	LC	
2. (a)	3190 NE EXPRESSWAY STE 400	0 _(b)	3190 N	IE EXPRESSWA	Y STE 400
=. (4)	Principal office address of limited liability company:		N	failing address of limited liab	
	(Note: MUST BE STREET ADDRESS)		A T I A N	(Note: MAY BE POST OF	
	ATLANTA, GA 30341	•	AILAN	NTA, GA 30341	
	04/26/2017		.17000	093098	
3.	Date of filing/registration in Florida	— _{4.} –		Document number	
5. (a	, BLUMBERGEXCELSIOR CORPORATE	SERVICE	S, INC.		
J. (L	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State	:	
	155 OFFICE PLAZA DR. 1ST FL	-			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	TALLAHASSEE	_L 32301			
(b)	Registered Agent Solutions, Inc.			8.3	igen La
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>ess</u> :		,
	2894 Remington Green Ln.				,
	NEW Registered Office Address:				
	Ste. A				اب در در
	Tallahassee, F	L_32308			
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe iability come of the limit	ered office spany, it is ed liability bility com	and the business office hereby confirmed that company or as otherwipany.	of the registered the change(s) ise provided in
/s/	Benjamin Heimer		Benjan	nin Heitner, Authoriz	
_	ature of a member or authorized representative of a member			Printed or typed name of sig	
provis the ob- to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of the change.	e performan	ice of my a	luties, and I am familiai	with and accept

Division of Cornerations P.O. Roy 6227s Tallahus

Mackenzie Hibfer, Assistant Secretary