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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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## LLC REGISTERED AGENT CHANGE RDUB23 LLC

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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.

. Nam	ne of the limited liability company: RDUB23	LLC		
2. (a)		(b) _		
, <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited hability company:  Note: MAY BE POST OFFICE BOX)
-	06/19/2017		1700013	2821
i.	Date of filing/registration in Florida	- <del>-</del> -		ocument number
		<b>-7</b> ,	150	seamon minioci
· (a) _	WHITE, RICHARD	a) - 17 - 13 - 13	vé Pausa	
	tegistered Agent and Registered Office shown on the records of	me rionua D	ept, or State:	
_	7816 52ND TER E			
ŀ	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
-				
	BRADENTON .EL	34203		- S
F	Registered Agents Inc.			2021 CCT 15 RIA 10: 1-1
117 _	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	·ss·	ب <u>ا</u>
	and him of the property of the second			7
•	7901 4th St N			
2	NEW Registered Office Address:			
:	STE 300			
	St. Petersburg	33702		
he chang gent wil vas/were he articl	nited liability company is not organized under the lay ge or changes are made, the Florida street address of Il be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of les of organization or the operating agreement of the	ws of the State of the registe ability composed the limite	red office are pany, it is he ed liability c bility compa	nd the business office of the registere creby confirmed that the change(s) company or as otherwise provided in
Signatur	Riley Tark re of a member or authorized representative of a member	Tilley		rinted or typed name of signee
provisión he oblig o merel	c accept the appointment as registered agent and aging of all statutes relative to the proper and complete pations of my position as registered agent as provide by reflect a change in the registered office address, I impriting of this change.  Bill Havre - Assistan	performan d for in Ch hereby con	ce of my did apter 605, F firm that the	ity. I further agree to comply with the ties, and I am familiar with and accepts. Or, if this document is being filed timited liability company has been

Signature of Registered Agent