## 11700247091

(Requestor's Name)				
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(Cit	y/State/Zip/Phone #	f)		
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(Business Entity Name)				
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## **COVER LETTER**

Division of Corporations		
SUBJECT: RCA Industrie	S C C Connection of Limited Liability Company	
Ivali	ne of Elimited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Ravena Undlews Name of Person	· · · · · · · · · · · · · · · · · · ·	
Firm/Company		
2371 NW 119th Street 1	#315 P	
Micm, FL 33167 City/State and Zip Code		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	please call:	
Ravera andrews Name of Person	at (954 ) 295 · 727 \ Area Code & Daytime Telephone Number	
Name of Leison	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	•	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i ananassee, i fonda 52514	
Enclosed is a check for the following	amount:	
\$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.

1. 1	Name of the limited liability company: RCA In	dustries	LLC
2. (a	)	(b)	
·	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	2371 NW 119 th Street #315	237	1 NW 119th Street # 315
	MIGM., FL 33167	_ w/.c	in., FL 33167
3.	12104   2017 Date of filing/registration in Florida	4.	1000247091 Document number
5. (a	a)		
(-	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of S	state:
	Registered Office Address (MUST BE FLORIDA STREET A	· · · · · · · · · · · · · · · · · · ·	
	2371 NU 119th Street #315		
	Miam, FL	33167	
	<b>-</b>		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
	Ellier hame of NEW Registered Agent and/or NEW Registered	Office address.	
	Ravena dodrews		w
	NEW Registered Office Address:		
	2371 NW 119th Street # 315		المهادية المراجعة ال 
	•		
	MIGM, FL	<u>53167</u>	<u> </u>
the clagent was/vithe as	limited liability company is not organized under the law name or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law to a member or authorized representative of a member weby accept the appointment as registered agent and agrees sions of all statutes relative to the proper and complete the statutes are statuted to the proper and complete the statutes are statuted to the proper and complete the statutes are statuted to the statute that the statute is a statute to the proper and complete the statute that t	the registered off bility company, if the limited liability c limited liability c	ice and the business office of the registered it is hereby confirmed that the change(s) ality company or as otherwise provided in company.  Printed or typed name of signee  Appacity. I further agree to comply with the
the or to me notifi	sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I head in writing of this change.	for in Chapter 6 ereby confirm th	505, F.S. Or, if this document is being filed at the limited liability company has been
Signa	lure of Registered Agent		