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Division of Corporations

Florida Department of State Division of Gorganians Lifectronic Filling Cover Street

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		Account Name : C T CORPORATION SYSTEM
		Account Number : FCA000000023
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Flectronic Filing Menu

Corporate Filing Menu

Help

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	une of the limited liability company: RH FWO, LLC 5441 NE 21ST TERRACE			11 NF 2	PIST TERRACE		
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) FORT LAUDERDALE, FL 33308	_	(b) 5441 NE 24ST TERRACE Mailing address of limited liability company: (Note: WAY BE POST OFFICE BOX) FORT LAUDERDALE, FL 33308				
	01/08/2018		1,180	0000072	259		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	WILSON RATLEDGE, PLLC				_		
	Registered Agent and Registered Office shown on the records of t	ne Flor	ida Dept	, of State	8.		
(b)		THIRTY-THREE SE FIFTH STREET SUITE 200					
	Registered Office Address (MUST BE FLORIDA STREET A						
	BOCA RATON, FL. 33486				2024 Seu Ta		
	C T Corporation System		2024 FEB 14 SEUNLIANA TALLAHA				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:			FEB 14 AH 8: 43		
	NEW Registered Office Address:						
	1200 South Pine Island Road				- π ω		
	Plantation, FL	3324			_		
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the re bility I the I	gistere compa imited	d office ny, it is liability	e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in		
		M	ark han:	son			
There provisi the obl to mere notified By:	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pingations of my position as registered agent as provided eleverated action as change in the registered office address. I have a continuous of this change. C.T. Corporation System Te of the continuous Rachel O'Connor - Assistant Se	perfoi l for it ereby	mance i Chap confir	his cape of my c ter 605 m that i	Printed or typed name of signee pactry. I further agree to comply with the duties, and I am familiar with and accest. F.S. Or, if this document is being file the limited liability company has been		