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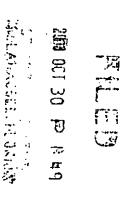
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COVER LETTER

	ion Section of Corporations	·	
SUBJECT: RP	C Acquisitions, LLC		
	Name of Li	mited Liability Company	
Dear Sir or Mada	m:		
The enclosed Reg	gistered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matte	er to the following:	
Randy Cadely			
· · · · · · · · · · · · · · · · · · ·	Name of Person		
RPC Acquisition	ons, LLC		
	Firm/Company		
25 Wall St #13			
	Address		
Orlando, FL, 3	2801		
	City/State and Zip Code	 	
rcadely12@gn	nail.com		
E-mail addr	ess: (to be used for future annual rep	ort notification)	
For further inform	nation concerning this matter, please	call:	
Randy Cadely	z at (107 605-5311	
N	lame of Person	Area Code & Daytime Telephone Number	
Registrati Division e Clifton B 2661 Exc	OCOURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
☑ \$25 Fi	ling 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.

l. Na	ame of the limited liability company: RPC Acquisite	ons, LLC	;
2. (a)	25 Wall St, Orlanod, FL, 32801		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2/20/18		L1800004572Z
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Randy Cadely		
. (,	Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:
	615 E Colonial Drive		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	Orlando, FL	32803	
(b)		050	
	Enter name of NEW Registered Agent and/or NEW Registered 25 Wall St	Office addre	
	NEW Registered Office Address:		
	#13		W final
	Orlando FL	32801	80 30 P
he cha gent v vas/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp of the limite limited liab	ered office and the business office of the registered of the inpany. It is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
Signa	ture of a member or authorized representative of a member	<u>Ke</u>	endy Coldely Printed or typed name of signee
herei rovisi he obl o merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I	ee to act in performand I for in Cha tereby conf	a this capacity. I further agree to comply with the see of my duties, and I am familiar with and accep- capter 605, F.S. Or, if this document is being file firm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

noufied in writing of this change.

Signature of Registered Agent