

4/29/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H19000141158 3)))



H190001411583ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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**LLC REGISTERED AGENT CHANGE  
RPB SENIOR LIVING, LLC**

Certificate of Status	0
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3 page fax

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April 30, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RPB SENIOR LIVING, LLC  
23190 FASHION DRIVE  
SUITE 205  
ESTERO, FL 33928

SUBJECT:  
REF: H19000141158

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

FAX Aud. #:  
Letter Number: 819A00008597

# 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. Name of the limited liability company: RPB SENIOR LIVING, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
23190 FASHION DRIVE SUITE 205  
ESTERO, FL 33928  
10/09/2018
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
L18000238695
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CLARK, CAMPBELL, LANCASTER & MUNSON, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
500 SOUTH FLORIDA AVENUE SUITE 800  
LAKELAND, FL 33801

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System  
Signature of Registered Agent

Yates Murr  
Christine Keim  
Assistant Secretary

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

ENHS18 (2/14)

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TALLAHASSEE, FLORIDA