18000282318

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Exercise Entity views)
(Document Number)
(Basarien Namber)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000417973740

2024 DEC 18 PH 1:53

024 DEC 18 PM 3: 10

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CERTIFIED COPY
PLAIN STAMPED COPY

	ACCOUNT NO.	:	I200000	000195	
	REFERENCE	:	840068	7681421	
	AUTHORIZATION	:		-	
	COST LIMIT	:	\$ 25,00		
			<i>-</i>	مرابع من المرابع المرا المرابع المرابع	
ORDER DATE :	December 16, 202	4			
ORDER TIME :	12:54 PM				
ORDER NO. :	840068-093				
CUSTOMER NO:	7681421				
					. – – -
	CHANGE OF A	<u>GEN'</u>	<u>r</u>		
NAME:	RPI PANAMA, L	LC			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF F	TLING:	

CONTACT	PERSON:	Shauna	Godbolt		EXT#
				F	IXAMINER:

* 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	ame of the limited liability company: RPI PANAM	IA, LLC	
2 (a)		(b)	
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1525 UNIVERSITY DRIVE	1525	UNIVERSITY DRIVE
	AUBURN, GA 30011	AUBU	JRN, GA 30011
	12/10/2018	L18000	0282318
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida Dept. of	FState:
	ASSURED COMPLIANCE SERVICES, LLC		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	1615 WOODWARD ST	·· ·	
	ORLANDO	. FL_32803	202L
			FT ! LE L.) 2024 DEC 18 PH STALLAHASSE
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ared Office address:	
	Enter name of SEAN Registered Agent and/or SEAN Regist	ered Office address.	Si P
	Corporation Service Company		
	NEW Registered Office Address:	•	: 53
	1201 Hays Street		· _Γ ; ω — <u>–</u>
	Tallahassee	. FL ³²³⁰¹	
	imited liability company is not organized under the	e laws of the State o	
agent was/w	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membolicles of organization or the operating agreement of	d liability company. ers of the limited lia	it is hereby confirmed that the change(s) bility company or as otherwise provided in
/s/ I	Philip K. Calandrino	Philip K. Ca	alandrino, Authorized Person
Signa	iture of a member or authorized representative of a member	· - <u></u> -	Printed or typed name of signee
provisi the obi	hy accept the appointment as registered agent and ions of all statules relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in this lete performance of sided for in Chapter s. I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	Inace Cokinble	GRACE E. KIRB	Y. ASST. VICE PRESIDENT
Surnall	re of Registered Agent		