Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000371652 3)))



H210003718523ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108 : (914)949-9188 Fax Number : (914)949-9618

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

Email Address:

LLC REGISTERED AGENT CHANGE RL INDIANTOWN, LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RL Indiantown, LLC			
Name of Lin	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Dolores Burton			
			
Name of Person			
United Corproate Services, Inc.			
Firm/Company			
100 State Street, Suite 800			
Address			
Albany, NY 12207			
City/State and Zip Code			
Joey.Kelley@unitedcorporate.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please of	call:		
Dolores Burton at (at (894-9049		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	,, , , , , , , , , , , , , , , ,		
Enclosed is a check for the following amoun	it:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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: RL Indiantow	n, LLC					
2. (a)	110 SE 2nd Street, #101	((b) 110 SE 2nd Street, #101				
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-, <u></u> -	Mailing address of limited (Note: MAY BE POST			
	DelRay Beach, FL 33444	_	DelRay	Beach, FL 33444	·		
		_			·	· · · ·	
	07/29/2020	_	L200002	217211			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta	ne:	Octo	,	
	Alexander P. Redfearn			_	*	2(
	Registered Office Address <u>MUST BE FLORIDA STREET</u>		, (** ;	75			
	110 SE 2nd Street, #101				<u>:.</u>	2001 OCT	
	DelRay Beach FI	L 33444		_	5000		
					سر فند سن: نستا	-5 AM	
(p)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddvaer	_	101 101	ـــــــــــــــــــــــــــــــــــــ	
	Enter made of 115-W Constitution Agent above 15-11-16-22-26-26-2	Comes	<u>gyr (33</u> .		ORID,	<u>ب</u> پ ن	
	United Corporate Services, Inc.			_	•	~	
	NEW Registered Office Address:						
	9200 South Dadeland Blvd., Ste. 508						
	Adams	22450					
	Miami , FI	33156		_			
the cha agent to was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the reg ability of of the lin limited	istered offic company, it nited liabili liability co	ce and the business off is hereby confirmed the ty company or as othe inpany.	fice of the r nat the char rwise prov	egistered 1gc(s)	
	Gary S. Bauman	<u> </u>		man, Authorized Person			
I here provisi the obi to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Michael A. Barr, President	תינו/דיניתי	8 <i>090 11 1</i> 100	ומתמנות מולו מאום פסחוותו	to comply	i <i>a acce</i> nt	
Signan	re of Registered Agent						