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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108

Phone

: (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. **

ess:		
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LLC REGISTERED AGENT CHANGE RL INDIANTOWN, LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:RL Indiantown, LLC	
И	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter 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	3
Joey.Kelley@unitedcorporate.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matt	er, please cail:
Dolores Burton	at (877 894-9049
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ng amount:
☑ \$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. N	ame of the limited liability company: RL Indiantow	n, ELC					
2. (a)	110 SE 2nd Street, #101	(b) 110 SE 2nd Street, #101			i		
(-)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	(0)	М	ailing address of limite	d Hability co		 -
	DelRay Beach, FL 33444		DelRay B	leach, FL 3344	4		
		-					
	07/29/2020		2000021	7211			
3,	Date of filing/registration in Florida	4.	I	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of Alexander P. Redfearn: Registered Office Address	33444			TALLAHASSEE, FLORIDA	2021 OCT -6 PM 1: 26	FILED
	Tallahassee	32312				•	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regist ability con If the limit	ered office a pany, it is b ed liability (and the business off acreby confirmed the company or as other	fice of the	registe	ered .
	Gary S. Bauman	Gary		an, Authorized F			· · · ·
I herei provisi the obli to mere notified /S/ M	ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of this change. In writing of this change.	ee to act in performand for in Ch hereby con		Printed or typed mans o rity. I further agree itles, and I am fami F.S. Or, if this doc e limited liability c	_	y with and acc reing fi as beer	the capt iled n
ានិវេទាវា	e of Registered Agent.						`