

L20000306980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

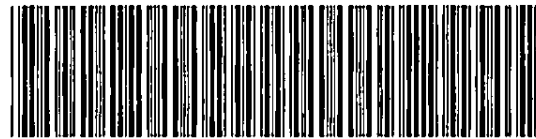
(Business Entity Name)

(Document Number)

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2021 MAY 30 AM 9:23
TALLAHASSEE, FL
SECRETARY OF STATE

BY BRUCE
MAY 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RBP Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Davisson F. Dunlap, III
Name of Person

Dunlap & Shipman, P.A.
Firm/Company

2065 Thomasville Road, Suite 102
Address

Tallahassee, Florida 32308
City/State and Zip Code

davissoniii@dunlapshipman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davisson F. Dunlap, III at (850) 385-5000
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2021 MAR 30 AM 9:23
TALLAHASSEE, FL

**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: RBP Florida, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5535 Errol Place

5535 Errol Place

Atlanta, Georgia 30327

Atlanta, Georgia 30327

09/29/2020

L20000306980

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:

Corporation Service Company

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street, Suite 200

Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Davisson F. Dunlap, III

NEW Registered Office Address:

c/o Dunlap & Shipman, P.A., 2065 Thomasville Road, Suite 102

Tallahassee, FL 32308

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 signer

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.

Signature of Registered Agent

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