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## COVER LETTER

Division of Corporations	<b>4</b>
SUBJECT: R.C. BORTWORKS LLC Name of Limited L	
Name of Limited L	nability 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:
RICHARD CAMERON Name of Person	
R.C. BOATWOKKS Firm/Company	<del></del> -
3803 BILTMOLE DA	
PANAMA CITY BCH FL 32 408 City/State and Zip Code	<u>y</u>
E-mail address: (to be used for future annual report notified)	COM Teation)
For further information concerning this matter, please call:	
RICHARD CAMERON at (85	O ) 23 4 - 1308  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:	
S25 Filing Fee □ S	55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: <u>R.C. BOATWOKICS</u>	((	
2 (2)	7863 RILEMAN DA PANAMAN LITTERIUEL	51.00	
2. (a)	Principal office address of limited liability company: 32 408  (Note: MUST BE STREET ADDRESS)	Mailing address of limited lia  (Note: MAY BE POST OF	
	JUNE 7 2021	6211000/7364	
3.	Date of filing/registration in Florida 4.	Document number	
5 (a)	REGIONAL CAMERON LEGAL ZOOM		
J. (II.	Registered Agent and Registered Office shown on the records of the Florida De	ept. of State;	
	(44 (40)))		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		<del></del>	20
	, FL	,	777 2021 SEP
		<del></del>	řá j
(b)	RECHARD CAMEKON		20
	Enter name of NEW Registered Agent and/or NEW Registered Office addre	<u>ss</u> :	25 1 2 3 V
			AR O
	3803 BILTMONE DN		œ <b>→</b>
	NEW Registered Office Address:		2
	PANAMA CITY BCH		
		<u>S</u>	
If the i	imited liability company is not organized under the laws of the Sta	ate of Florida, it is haraby confirm	and that after the
change agent v was/w	or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability compore authorized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the limited liability.	office and the business office of the sany, it is hereby confirmed that t d liability company or as otherwi	he registered he change(s)
1	//// /.	• • •	
Signa	ture of a member or authorized representative of a member	CHARD CAMERON  Printed or typed name of sign	nee
provisi the obt to mer notified	by accept the appointment as registered agent and agree to act in this of all statutes relative to the proper and complete performance ligations of my position as registered agent as provided for in Chapely reflect a change in the registered office address, I hereby confident with this change.	this capacity. I further agree to c e of my duties, and I am familiar pter 605, F.S. Or, if this docume rm that the limited liability comp	comply with the with and accept nt is being filed vany has been
Signatu	re of Registered Agent		

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