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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

LLC REGISTERED AGENT CHANGE SRTJR NC DC, LLC

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Help

JUL 1 1 2022 I. LEMIEUX To:

From: Kaity Toon

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	me of the limited liability company:	R NC DC	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) No change	<u></u>	No chang	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) se
	10/06/2021	_	L21000438	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 1165 W. JACKSON STREET			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_ 40.3 =
	THOMASVILLE F	L		22 JUI
	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered			FILED 2022 JUL 11 PM 6: 02 STANDARD STANDARD
	NEW Registered Office Address: 1200 South Pine Island Road			02
	Plantation F	L33324		<u></u>
the cha	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited i ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the fegliability of the literature.	istered offi company, it mited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
I here provis the ob- to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and completely actions of my position as registered agent as providely reflect a change in the registered office address, is also the proper and completely reflect a change in the registered office address, is also the registered of the change.			
Ву:	d in writing of this change. C T Corporation System are of Registered Agent	<u></u>	 -	ric McConahay sssistant Secretary

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