(shown below) on the top and bottom of all pages of the document.

(((H230003669353)))



H230003669353ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE RKG FAMILY GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

T. LE 1 TUX

To:

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.

. (a)	·		(b)						
	Principal office address of himsed liability company: [Note: MUST BE STREET ADDRESS]				Mailing addre				-
	3371 Fanny Bay Lane			3371 Fanı	y Bay Lane				
•	Naples, FL 34114		Naples, FL 34114						
	02/18/2022		L	.22000067	7700				
	Date of filing/registration in Florida	4.	_		Document	number			
(a)	RUSSELL S. GALLEMORE								
(4)	Registered Agent and Registered Office shown on the records of	the Flori	da I	Jept. of Sta	ic:				
								•	
	Registered Office Address (MUST RE FLORIDA STREET.	DORES	SZĮ		-				
	3371 Fanny Bay Lane					را		:22	
	Nuples	34114			_			دس دسخ	
		·———					•	· .	
(b)	C T Corporation System						,	(C)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	()(Tice a	ddr	ess.	_			₹•	,
							٠	G CD	
	NEW D. LOW . LOW . A LIS						•	— ن	
	NEW Registered Office Address: 1200 South Pine Island Road						•	ප	
	1200 South Fine Island Road				_				
	Plantation .FL	33324							
e cha ent w is/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarce authorized by an affirmative vote of the members of the organization of the operating agreement of the	the regibility of the lin	iste on mit	ered offic ipany, it i ed liabilit	e and the bu is hereby con ty company	siness of	ffice of that the	the reg	ister (s)
F				RUSSELL S. GALLEMORE, MANAGER					
Signature of a member or authorized representative of a member				Printed or typed name of signee					
neret ovisi e obli	oy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I i	ee to ac perform I for in	nar Ch	n this cup ice of my iapter 60:	acity. I furt duties, and i 5. F.S. Or, i	ner agre Lam fan Lihis doe	re to co úliar w cument	mpty wi tith and t is being	th t acc g fil

Stephania Hencz, Assistant Secretary

Signature of Registered Agent