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

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H230001081033ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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

		· •
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LLC REGISTERED AGENT CHANGE **RUS PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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.

I. N	ame of the limited liability company: _RUS PROPE	RHES	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)
	7901 4th St N STE 300		8390 e via de Ventura f110 #151
	St. Petersburg, FL 33702		Scottsdale AZ 85258
	05/10/2022		L22000219945
3.	Date of filing/registration in Florida	- 4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
J. (a)	Registered Agent and Registered Office shown on the records of t	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	28	
	476 RIVERSIDE AVE.		2029 FE 2
	JACKSONVILLE , FL	32202	
(b)	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ess:
	NEW Registered Office Address:		
	7901 4th St N STE 300		
	St. Petersburg , FL	33702	
the chiagent was/w the art Signa	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member or authorized representative of a member of the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided the proper and complete of th	the regist bility cor f the limi limited li	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) red liability company or as otherwise provided in ability company. ROBIN JONES Printed or typed name of signee in this capacity. I further agree to comply with the

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

Signature of Registered Agent