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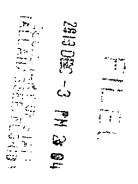
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: RHLW ENTER:	PRISES, L.C.
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 2080 McGregor Boulevard Fort Myers, FL 33901
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P. O. Box 1030 Alva, FL 33920
01/13/1999	L9900000410
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o Registered Agent: Registered Office Address:	n the records of the Florida Dept. of State: ROBERT P. HALGRIM 2331 Oakley Clark Road Alva, FL 33920
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: ROBERT P. HALGRIM, FUR.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2080 McGregor Boulevard, Suite 200 Fort Myers ,FL 33901
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company Signature of a member or authorized representative of a member Robert P. Halgrim, Jr.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability composition of Registered Agent Robert P. Halgrim, Jr.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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