## L99000005603

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SECRETARY OF STATE

## 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. The name of the limited liability	company is: RRH MANAGEMENT & OPERATING CO, L.L.C
	ed liability company is: 2305 SAGRAMORE PL.
CAPE CORAL, FLORIDA, 339	
09/07/1999	L9900005603
3. Date of filing/registration in Flor	
5. The name of the registered agent	and the registered office address as shown on the records of the
Florida Department of State:	_
VENNII VENNII	Rame Potricia C. Cartona
-2340 S	WINDAVE 1890 M.W. 82nd ARRIVE
GAINE	Address SVILLE, FLORIDA, 32607 Miam; FL 33136 City, State and Zip
6. The name and address of the new	registered agent and/or office:
FREDE	RICK DE PASQUALE
2305 S	AGRAMORE PL
	street address (P.O. Box NOT acceptable)
CAPE (	CORAL FL 33914
	City, State and Zip
confirmed that after the change or c and the business office of the regist liability company, it is hereby confi	hanges are made, the Florida street address of the registered office ered agent will be identical. Or, in the case of a Florida limited rmed that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization or red liability company.
Signature of a member or authorized represen	tative of a member)
VATRICIA CANTO	ty A
(Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all sit and I am familiar with and accept to Chapter 608, F. S. G. Stanis document address, I hereby continue that the little	registered agent and agree to act in this capacity. I further agree to studies relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in tent is being filed to merely reflect a change in the registered affice mitted liability company has been notified in writing of this change.
(Signature of Registeres Asset)	
Division of Corp	orrations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)