M0200001361

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(Requestor's Name)		
(Address)		
· (Address)		
(City/State/Zip/Phone #)		
. PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
·		
Certified Copies Certificates of Status		
7		
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

JUN 2 4 2008

EXAMINER



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EDIVISION OF CORPERATION



June 20, 2008

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: Rifesi, LLC.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell

Senior Customer Specialist

enise bell

Encl.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RIFESI, L.L.C. (Name of Limit	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Denise Bell		
(Name of Person)	*************************************	
National Corporate Services, LLC (Firm/Company)		
(Firm Company)		
16055 Space Center Blvd., Ste. 235		
(Address)		
Houston, TX 77062		
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Denise Bell at	(800) 862-5438	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following ar	nount:	
 ▼ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 con	mpany is: RIFESI, L.L.C.	·
2. The mailing address of the limited l	iability company is: 5306 Clinton Driv	<u>'e</u>
Houston, TX 77020		
05/29/2002	M0200000136	1
3. Date of filing/registration in Florida	4. Document	number
5. The name of the registered agent and Florida Department of State:	d the registered office address as show	vn on the records of the
CT Corporat	ion Svstem	
	Name	
1200 South	Pine Island Road	<u> </u>
1200 South Pine Island Road Address		OR JUN 22
Di-1-1		رين که
Plantation, F	City, State and Zip	OR JUN 23
City, State and Zip		~ ♀
6. The name and address of the new re	gistered agent and/or office:	ယ ုံး
NRAI Service	es Inc.	3 PH 6
111011 001-100	Name	
2731 Evecufi	ve Park Drive, Suite 4	O 43
	eet address (P.O. Box NOT acceptable	
Piorida sire	set address (1.0. box 1101 acceptable	<i>9)</i>
Weston	FL 33331	
II MINITAL TO THE PARTY OF THE	City, State and Zip	
If the limited liability company is not confirmed that after the change or change and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit (Signature of a member or authorized representative)	nges are made, the Florida street address d agent will be identical. Or, in the cased that the change(s) was/were author company or as otherwise provided in ed liability company.	ess of the registered office ase of a Florida limited rized by an affirmative vote
Dalsy Suit, Executive Vice President (Printed or typed name of signee) I hereby accept the appointment as re	gistered agent and agree to act in this	s capacity. I further agree to
I hereby accept the appointment as re comply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, I hereby confirm that the limi NRAI Services. Inc.		e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
(Signature of Registered Agent)	<u> </u>	
Denise Bell, Vice President Division of Corner	ations, P.O. Box 6327, Tallahassee.	FL 32314

FILING FEE: \$25.00