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(Rec	uestor's Name)				
(Add	lress)				
(Add	iress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				
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Office Use Only



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11/14/05--01050--022 **25.00

	11/10/05	65 COVER LETTER				
то:	Registration Se Division of Co					
SUBJ	ЕСТ:	RFW	Hospitaliz (Name of Lim	ited Liability	Company)	
Dear S	Sir or Madam:					
The en	nclosed Registere	ed Agent/R	legistered Offic	ce Change and	d fee(s) are submit	ted for filing.
Please	return all corres	spondence o	concerning this	s matter to the	following:	
	DON !	Wilso. (Name of Person	V on)			
	RFW 1	tospitali (Firm/Compan	fr, 120			
	101 N	(Address)	Street			
	Bervien (City	Sprin ap //State and Zip	MI 49/0 (Code)	2.3		
For fu	rther information	oncernin	g this matter, p	olease call:		
	Don L. (Name o	Wi/son of Person)	at	(<u>269</u>) (Ar	473 -/2 > / ea Code & Daytim	e Telephone Number
	STREET/COUR Registration Sect Division of Corp Clifton Building	tion	RESS:	Registra	ANG ADDRESS: ation Section n of Corporations ox 6327	

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

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.

ageni, or boin, in the state of Pioriaa.	_
1. The name of the limited liability company is: RFW Hos	itality, LLC
2. The mailing address of the limited liability company is: 203	3 Main Street, Suite 405.
Sana	ofa, FL 34237 .
12/9/02 3. Date of filing/registration in Florida 4. Do	02000003250
3. Date of filing/registration in Florida 4. Do	cument number
5. The name of the registered agent and the registered office address Florida Department of State: Leaisnea'is Document Solution Name	
Name	<u> </u>
1201 Hays Street Address	SEC VISIT
Tallahasse, FL 3230 City State and Zin	پ∽رستا ()
City, State and Zip	
6. The name and address of the new registered agent and/or office:	7 2000
Ronald F. Westman	PH 4: 17
Ronald F. Westman Name 2033 Main Street, Suite 40 Florida street address (P.O. Box NOT ac	
Florida tract address (B.O. Par NOT	<u>5</u>
Smar fa FL 34237 City, State and Zip	7
City, State and Zip	
If the limited liability company is not organized under the laws of the confirmed that after the change or changes are made, the Florida stream the business office of the registered agent will be identical. Or, liability company, it is hereby confirmed that the change(s) was/wer of the members of the limited liability company or as otherwise proor the operating agreement of the limited liability company.	eet address of the registered office in the case of a Florida limited e authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligations of my position as Chapter 608, F.S. Or, if this document is being filed to merely refleadayess, I hereby confirm that the limited liability company has been	ct in this capacity. I further agree to complete performance of my duties, registered agent as provided for in ct a change in the registered office n notified in writing of this change.
(Signature of Registered Agent)	