

MO6000604395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
NOV 15 2011  
EXAMINER



**PARACORP**

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: November 10, 2011

AE: Jody Moua

TO: Florida Department of State

REFERENCE: 629539

P.O. Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**RP BALDWIN RESIDENTIAL HOLDINGS,  
LLC**

**Change of Registered Agent**

**IN FL**

SPECIAL INSTRUCTIONS: Please process on routine and return one plain copy.

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	383494	Florida Department of State	\$25

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS**

**RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)  
533-7272**

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RP BALDWIN RESIDENTIAL HOLDINGS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODY MOUA

Name of Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

jmoua@parasec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODY MOUA

Name of Person

at ( 800 )

533 - 7272

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: RP BALDWIN RESIDENTIAL HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 1999 AVENUE OF THE STARS

(Note: MUST BE STREET ADDRESS)

SUITE 1260

LOS ANGELES CA 90067

(b) Mailing address of limited liability company: 1999 AVENUE OF THE STARS

(Note: MAY BE POST OFFICE BOX)

SUITE 1260

LOS ANGELES CA 90067

8/9/2006  
3. Date of filing/registration in Florida

4. Document number

M06000004395

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

AGENT RESIGNED

Registered Office Address:

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

PARACORP INCORPORATED

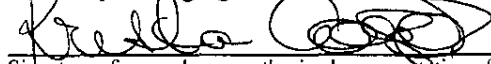
NEW Registered Office Address:

236 East 6th Avenue

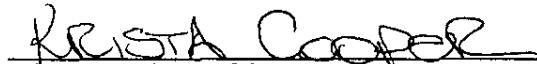
(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32303

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member



Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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