N960005800

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Desired Faith Norm)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filips Offices				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: October 29, 2015

Order#: 791743-098

Re: RCG-PENSACOLA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: RCG-PENSACO	OLA, LLC	
2 (2)	3060 Peachtree RD NW	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400		
	Atlanta, GA 30305	_ -	
	10/19/2006	<u>N</u>	M06000005800
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	NOV
	115 North Calhoun Street, Suite 4		HASSET
	Tallahassee , FL	. 32301_	
			PH 72: 26
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
	, , , , , , , , , , , , , , , , , , ,		
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FL	32301	
the chagent was/v	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	(10t) X	Dona l	Priebe, Authorized Person Printed or typed name of signee
_	ature of a member or authorized representative of a member	44 *	• •
provi the ol to me	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	nertormana	ce of my duties, and I am tamiliar with and accept
Signa	ure of Registered Agent Corporation Service Company	BY: Grad	ce E. Kirby, Assistant Vice President