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PICK-UP WAIT MAIL
(Business Entity Name)
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> 2011 JUN - 7 AM DO TO SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE
JUN - 8 2011
EXAMINER

## COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:				RVC, LLC	
	Name of	Limited	Liability (	Company	
Dear Sir or Madam:					·
The enclosed Registered	Agent/Registered	Office C	hange and	fee(s) are submitte	d for filing.
Please return all correspondence	ndence concerning	g this ma	tter to the	following:	
	· ·				
Glad	ys McGowan				
	ne of Person				
Carrabelle	Beach RVC, LL	.C			
Firn	n/Company				
	n Street, Suite 1	00		ge se e e e e e e e	* word
	ddress	•	. I		2011 JUN -7 AME SEGRETARY OF S
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info@rv E-mail address: (to be used	for future annual report	notification)	<del></del>		AM DE 18 OF STATE OF LORIDA
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For further information co	ncerning this mat	ter, please	e call:		•
Gladys McG	Sowan	_ at (	901_)	432-474	48
Name of Perso	n		Area (	Code & Daytime Telephor	ie Number
STREET/COURIE	D ADDDECC.	l	MATEIN	IG ADDRESS:	
Registration Section				ion Section	
Division of Corpora				of Corporations	
Clifton Building	•				
2661 Executive Cen	ter Circle			ee, Florida 32314	
Tallahassee, Florida			/		
Enclosed is a chec	k for the following	ig amour	ıt:		
<b>✓</b> \$25 Filing Fee	****	٦.	\$55 Fil	ing Fee & Certified	Сору

## 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.

<ol> <li>Name of the limited liability company</li> </ol>	y:Ca	Carrabelle Beach RVC, LLC			
2. (a) Principal office address of limited liability comp		1843 H	wy 98 West		
(Note: MUST BE STREET ADDRESS)		Carrabelle, Fl. 32322			
(b) Mailing address of limited liability company:		429 N Main Street, Suite 100			
(Note: MAY BE POST OFFICE BOX) 7/30/2009		Memphis, TN 38103 M09000002935			
5. (a) Registered Agent and Registered	Office shown on the	he records of the Florida	Dept. of State:		
Registered Agent:		National Registered Agents, Inc			
Registered Office Address:		P O Box 927 Windsor, NJ 08550-0927			
(b) Enter name of <b>NEW Registered</b>	Agent and/or <u>NEV</u>	Registered Office add	PESSON -		
NEW Registered Agent:		Sheryl Mitchell	SEC TO		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1843 Hwy 98 West	S S		
		Carrabelle	Ç;FL <u>32</u> 322		
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited.  Signature of a member or authorized representative of	es are made, the Floagent will be idention that the change(s) ompany or as othery I liability company.	orida street address of the cal. Or, in the case of a l was/were authorized by a vise provided in the artic	e registered office Florida limited		
Andrew F. Cates Printed or typed name of signee					
I hereby accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the ob Chapter 608, F.S. Or, if this document is address, Thereby confirm that the limited Signature of Registered Agent	stered agent and ag relative to the prof ligations of my pos s being filed to mer liability company	ree to act in this capacit per and complete perforn ition as registered agent ely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.		

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