Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000018665 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATIONS HOUR ORIGINAL STILL OF STREET OF S

Phone

Fax Number

: (850) 205-8842 date of submission 1/22

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE RADCO PROPERTY MANAGEMENT, LLC

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JAN 28 2016 Help Y SULKER

1/87/2016 10:05:31 AM From: To: 8506176383(2/4) 850-B17-6381 1/25/2016 8:58:11 AM PAGE 1/001

January 25, 2016

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FLORIDA DEPARTMENT OF STATE

Division of Corporations

RADCO PROPERTY MANAGEMENT, LLC 4610 WEST BAY BLVD ESTERO, FL 33928

SUBJECT: RADCO PROPERTY MANAGEMENT, LLC

REF: M10000002930

Please reigin original filing

date of submission ______

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II FAX Aud. #: H16000018665 Letter Number: 416A00001508

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	RADCO PROPERTY MANAGEMI	NT, LLC	
	Nan	e of Limited Liability C	Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Off	ce Change and fee(s) ar	e submitted for filing.
Please return	all correspondence concerning th	s matter to the followin	g:
IVA SHERM	IAN		
•	Name of Person		
THERANCO	COMPANIES		
	Firm/Company		
400 GALLER	RIA PARKWAY, SUITE 400		
	Address		
ATLANTA,	GA 30339		
	City/State and Zip Code		
IVA@RADC	O.US		
E-mail	address: (to be used for future ann	al report notification)	
For further is	nformation concerning this matter,	please call:	
IVA SHERM.	AN	770 272- at ()	9330
	Name of Person		Code & Daytime Telephone Number
Registration Section F Division of Corporations I Clifton Building F 2661 Executive Center Circle		Registration Division of P.O. Box 63	Corporations
	hassee, Florida 32301 losed is a check for the following	amount:	
	25 Filing Fee		Fee & Certified Copy
INHS18 (2/14)	J	.,

1/27/2016 10:05:31 AM From: To: 8506176383(4/4)

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: RADCO PRO	PERTY MANA	GEMENT, LLC
			•
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	400 GALLERIA PARKWAY, SUITE 400	4	00 GALLERIA PARKWAY, SUITE 400
	ATLANTA, GA 30339		ATLANTA, GA 30339
	JUNE 28, 2010	М	10000002930
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KEVIN PRICE		
	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	22050 S. YAMIAMI TRAIL		
	ESTERO BAY	FL_33928	·
		· L	
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	<u>ss:</u>
	NEW Registered Office Address:		JAN 22
	1200 South Pine Island Road		;••••. • • • • • • • • • • • • • • • • •
	1200 3000.7 200 151000		
	Plantation	FL_33324	
	,	FL	 3, 1
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cicles of organization or the operating agreement of t	of the register I liability composers 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
1	the D. Stall	PETER	D. FITZGERALD, CFO
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and completing of my position as registered agent as provicely reflect a change in the registered office address, and in writing of this change. The properties of the change of the change of the change of the change.	agree to act in ete performand ided for in Cha I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	anifan Vincast Signature of Registered Agent		
0	Division of Comparations B C	1 Day 6327-	Tollohornoo PI 22214

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