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## LLC REGISTERED AGENT CHANGE R.K. ADMINISTRATIVE SERVICES, LLC

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## 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.**/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	4216 Dewitt Ave	4216 De	ewin Ave
	Matteon, II, 61938	Manaor	n. K. 6193 <del>4</del>
	9/10/2013		M13000005701 Document number
	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company Registered Agent and Registered Office shown on the records		
	Registered Office Address	T ADDRESS)	
	120) Hays Street		
	Fallahassee		
(b)	Enter name of NEW Registered Agent and/or NEW Register		
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	m = 100 = 1
	C T Corporation System		ORID
	NEW Registered Office Address:		<del>P</del>
	1200 South Pine Island Road		
	Plantation	FL	
ne cha gent v /as/we re arti	imited liability company is not organized under the large 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 icles of organization or the operating agreement of the HALL.	of the registers liability compt s of the limited he limited liab	ed office and the business office of the register my, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	tiny of a member or authorized representative of a member		Printed or typed name of signee
herei rovisi	hy accept the appointment as registered agent and clions of all statutes relative to the proper and completing ations of my position as registered agent as provi ely reflect a change in the registered office address,	igree to act in ete performanc ided for in Cha	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acc provided S. F.S. Or, if this document is being file

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