Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC REGISTERED AGENT CHANGE RFP DEPOT LLC

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12/9/2015 10:16:09 AM From: To: 8506176383(2/2)

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.

I. N	ame of the limited liability company: RFP DEPOT LLC		
2. (a)		(b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/10/2013		00007785
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI SERVICES, INC		
•	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	PLANTATION , FL	33324	DEC .
(b)	C T Corporation System		
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	5 6: 4
	NEW Registered Office Address:		 \$ 6
	1200 South Pine Island Road		
	Plantation , FL	33324	
the chagent was/v the ar Sign I her provide to me notification.	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or suthorized representative of a member reby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper and complete being a change in the registered agent as provide the proper of this change.	the registered ability compar of the limited I limited liabili Jason San	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Inches Printed or typed name of signee

Division of Corporationse P.O. Box 6327e Tallabassee, FL 32314 FILING FEE: \$25.00