M1500000 6109

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SECRETARY OF STATE

n BRUCE JUL 26 2018

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	RRP DESTIN OFFICE, LLC	;			
		ne of Limited L	iability Company		
Dear Si	r or Madam:				
The end	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please 1	eturn all correspondence concerning th	is matter to the	following:		
STEV	EN FRANCO				
	Name of Person				
RRP (DESTIN OFFICE, LLC				
	Firm/Company		_		
34990	Emerald Coast Pkwy, Suite 300			2918 SEC TALL	
	Address			SECRETARY ALLAHASSI	
Destir	n, FL 32541			111 5	
	City/State and Zip Code			P# 4: 42 OF STATE E FLORIDA	1.1
sfranc	co@rodosrealty.com			STATE LORIDA	٠
E-	mail address: (to be used for future and	iual report notif	<u>īca</u> tion)	2 10	
For furt	her information concerning this matter.	please call:			
Steve	n Franco	404	803-1972		
	Name of Person		Area Code & Daytime Telepl	hone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.O	AILING ADDRESS: origistration Section vision of Corporations O. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following	; amount:			
	□ \$25 Filing Fee	2 \$:	55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.	Na	me of the limited liability company: RRP DESTIN			Emorald Coast Plyan, Suita 300
2. (:	а) ,	34990 Emerald Coast Pkwy, Suite 300 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Emerald Coast Pkwy, Suite 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Destin, FL 32541	_	Destin,	FL 32541
		04/22/2018		M150000	006109
3. 5. ('a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number
·- (.u. <i>j</i>	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	he Flori	da Dept, of Stat	te:
		Registered Office Address (MUST BE FLORIDA STREET :	DDRE.	<u>S.S.)</u>	_
		PLANTATION .FL	3332	4	2018 FACI
(b)	b)	STEVEN FRANCO	_		CAHANA C
		Enter name of NEW Registered Agent and/or NEW Registered Office address: 34990 Emerald Coast Pkwy, Suite 300			SSEE FL
		NEW Registered Office Address:			STATE STATE
		Destin , FL	3254	1	_
the cagen was/	:ha it w /we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited living authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	vs of the the regulation the regulation of the line of	ne State of Fl gistered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Duy 17	S	teven Fran	
I he prov the c to m notij	reb isiobli ere fiea	ure of a member of authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change to of Registered Agent	ee to a perfor I for in tereby	ct in this cap mance of my Chapter 60, confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

j