Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (350)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 10 \*\*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 R.K. INTERNET, LLC

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AUG 2 9 2016

S. PRATHER

## 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.

. /_	Principal office address of limited liability company: (Note: MUST BESTREET ADDRESS)			imited liability company: POST OFFICE BON
	4216 Dewitt Ave	4216 Dewi	n Ave	
	Mintoon, H. 61938	Manoon II	. 61938	
	10%2015		M16000002420	
	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	Corporation Service Company Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	u_n	(C)
	1201 Hays Street			•
	Tallahassee	FL <u>32301-2525</u>		. ~
/ILA				i is
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	<del></del>	·o
- -	C T Corporation System  NEW Registered Office Address:			~ '5 5
	NEW Registered Office Address:			
	1200 South Pine Island Road	·		
	Plantation	FL_33324		
ne cha gent v /as/we ne 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 Will Hill.	of the registered liability company is of the limited l	office and the business, it is hereby confirm is billity company or as ty company.	ss office of the registe ed that the change(s)
Signa	tine of a member or authorized representative of a member	<del>-</del>	Printed or typed (	
	hy accept the appointment as registered agent and c ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address,	ete performance ( ided live in Chant	oj my auties, ana i am 5r 605 FS Or if this	janunar wun ana acc Joeument is being fil

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