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COVER LETTER

TO: **Registration Section** Division of Corporations

RCH/KCP 2017 Fund, LLC SUBJECT:

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter C. Jordan

Name of Person

RCH Capital, LLC

Firm/Company

360 Central Ave., Suite 1220

Address

St. Petersburg, FL 33701

City/State and Zip Code

petejordan@rchcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter C. Jordan

Name of Person

at (727) Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

S60 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RCH/KCP 2017 FUND, LLC

Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			11X1 145 161	
2. The Florida document number of this limited liab	bility company is: M17000	009887		
 Jurisdiction of its organization:	WARE			
4. Date authorized to do business in Florida:	NOVEMBER 20, 20	<u>רו</u>	<u> </u>	
SECTION II (5-9 complete only the applicable c	D			1
 New name of the limited liability company:	contain "Limited Liability Cor	npany, " "L.L.C	" or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the al	pusiness in Flori Iternate name. T	ida and attach a he alternate nai	пе
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		s. <u>enter the nam</u>	e of the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a Street Address	<u>v</u>	
	, Florida			
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

j

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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Title/ Capacity	Name	Address	Type of Action	
MGR	Ryan S. Razook	360 Central Ave., Suite	1220	
		St. Petersburg, FL 33701		
			Add	
			Remov	
,				
			Remove	
			Add	
			Remove	
aforementior	under the law of which this entity is org	y the official having custody of records in		
		Razook, Jr.		
		inted name of signee		

Filing Fee: \$25.00