

M1800000 4057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 17 2020

S. YOUNG

ORION STATE LICENSING, INC.

January 8th, 2020

VIA FEDEX COURIER DELIVERY

ATTN: Division of Corporations
Florida Department of State
Registration Section
PO BOX 6327
Tallahassee, FL 32314

Re: **RSC LLC**
Application by Foreign Limited Liability Company to file Amendment to Certificate of
Authority to Transact Business in Florida
FL Document Number M18000004057

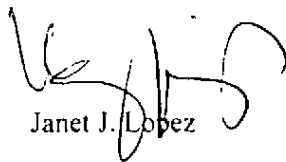
Dear Sir or Madam:

Enclosed please find herewith for filing, the following items on behalf of the above-referenced licensee:

1. Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida
2. Check # 1376 in the amount of \$25.00 made payable to the "Florida Department of State" for the renewal filing fee

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me at (888) 315-0805 or by email at janet@orionlicensing.com.

Very truly yours,
ORION STATE LICENSING, INC.



Janet J. Lopez

Enclosures
JJL:js01082020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSC OF FLORIDA LLC
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:

Christopher Foufas

Name of Person

RSC OF FLORIDA LLC

Firm/Company

3530 Wilshire Blvd, Suite 695

Address

Los Angeles, CA 90010

City/State and Zip Code

ctf2@me.com

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

For further information concerning this matter, please call:

Christopher Foufas at (888) 338-7013
Name of Person 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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 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: RSC OF FLORIDA LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000004057

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/26/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, 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.

If Changing Registered Agent, Signature of New Registered Agent

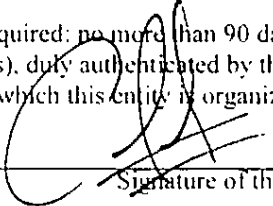
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Remove Member Rebecca Silva; add Member Christopher Foufas

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Rebecca Silva	3530 Wilshire Blvd, Suite 695	<input type="checkbox"/> Add
		Los Angeles, CA 90010	<input checked="" type="checkbox"/> Remove
Member	Christopher Foufas	3530 Wilshire Blvd, Suite 695	<input checked="" type="checkbox"/> Add
		Los Angeles, CA 90010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christopher Foufas

Typed or printed name of signee

Filing Fee: \$25.00