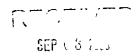
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 3, 2020

Order#: 400107-114

Re: RH PARTNERS OWNERCO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.	Name of the limited liability company:  RH PART	TNERS OWNERCO, I	LC	
2. (a	5001 Plaza on the Lake, Suite 200	(b)		
(	Principal office address of limited liability compa  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Austin, TX 78746			
	07/19/2018	M180	00006619	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	(a) Capitol Corporate Services, Inc.			
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	515 East Park Avenue, 2nd Floor			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>	
	Tallahassee	, FL32301		
('	Enter name of NEW Registered Agent and/or NEW Reg  Corporation Service Company	gistered Office address:		
	NEW Registered Office Address:		<del></del>	
	1201 Hays Street			
	Tallahassee	, FL		
char ager was	the limited liability company is not organized under inge or changes are made, the Florida street address that will be identical. Or, in the case of a Florida lime were authorized by an affirmative vote of the mental carticles of organization or the operating agreement	of the registered offic lited liability company of the limited lia	te and the business office of the registered (i.i. it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/s/ Jill Cilmi			Jill Cilmi, Authorized Person	
I he prov the d	gnature of a member or authorized representative of a member ereby accept the appointment as registered agent a visions of all statutes relative to the proper and con obligations of my position as registered agent as pre	nd agree to act in this	Printed or typed name of signee capacity. I further agree to comply with the f my duties, and I am familiar with and accept f 605, F.S. Or, if this document is being filed that the limited liability company has been	
nou	fied in writing of this charige.	Corporation Ser	vice Company	
Signature of Registered Agent Ami M			i M. Casper, Asst. Vice President	