PD6000085454

(Requestor's Name)		
(Ad	dress)	
(,	
(Address)		
(Cit	y/State/Zip/Phone	= #)
•		
PICK-UP	MAIT WAIT	MAIL
_		_
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>-</u>
(50		
Certified Copies Certificates of Status		
Commission of the same	Eller Officer	
Special Instructions to	Filing Oπicer:	





100134400851

E-27569, ***

08/13/08--01014--022 **35.00

08 AUG 13 AM 10: 28

ALLAHASSEE, FLORIDA

RA Chg. 8/19

COVER LETTER

TO: **Amendment Section Division of Corporations DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person) at (904) 424 - 2084 (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FIORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RSL FlooR FNG, FNC.
2. The principal office address: 13825 CARTERS GROVE LANE
JACKSONVILLE, FLORIDA 32223
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4/23/06 Document number: PO6000085454
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Steve R. KAPLAN
615 PALMETTO AVIE
MELBOURNE FLORIDA 32901 & POR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KICHARD W. O'BERRY
13825 CARTERS GROVE LANE 5 55
(P.O. Box NOT acceptable)
SACKSONVILLE, FLORIDA 32223
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director) Richard W. O'BERRY (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agenti) August 11, 2008 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *