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(Reque	estor's Name				
(Addre	ess)				
(Addre	· ·ss)				
(City/S	itate/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ess Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Fili	ng Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Rawnsley Group LLC						
Name of Corporation						
DOCUMENT NUMBER: P11000048163	<u> </u>					
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:						
Marla J Rawnsley						
Name of Contact	ct Person					
Rawnsley Group LLC						
Firm/Company						
600 W. New York Ave						
Address	S					
Deland FL 32720						
City/State and Zip Code						
mjr@rawnsleylaw.org						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Marla Rawnsley	_{at} 386 \ 679-9967					
Name of Contact Person	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					

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corp	oration organize	607.1508, or 617.1508, Florida Statutes d under the laws of the State of <u>FL</u> d agent, or both, in the State of Florida.	orida
1. The name of	the corporation: Rawnsle	ey Group L	· _	
2. The principal	office address: 600 W. I	New York A	ve	<u></u>
· · ·				
4. Date of incon	poration/qualification:		Document number: P11000048	163
5. The name and		nt registered agei	nt and registered office on file with the	
	Marla J Rawnsley			
	101 North Woodla	nd Boulevar	rd, Suite 301	
	Deland, FL 32720			: 2019 i:
6. The name and (if changed):	d street address of the new r	registered agent (if changed) and /or registered office	2019 13 3 7 14
	Marla J Rawnsley			ر است استان است استان استان
	600 W. New York	Ave		9: 20
	Deland, FI 32720	P.O. Box NOT acc	eptable	_
The street addre	ess of its registered office a be identical.	and the street add	dress of the business office of its regist	ered agent,
Such change was authorized by the	as authorized by resolution ne board, or the corporation	duly adopted by n has been notifi	its board of directors or by an officer ed in writing of the change.	SO
Nigratu	Maria J Rawnsley President Printed or typed name and title			
- I further agree - - performance of	to comply with the provision my duties, and I am famili	ons of all statutes ar with and acce	gree to act in this capacity. s relative to the proper and complete pt the obligation of my position as reg a change in the registered office addre riting of this change.	istered 288, I
		<u> </u>	November 12,2019	
~ ~	nature of Registered Agent		Date	
MARICA	half of an entity: J. RAWNSCEY yped or Printed Name			

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