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(Re	questor's Name)	
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	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to I	Filing Officer:	i

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/27/2019	
Name:	Joy Weaver	
Reference	#:1122492	
		RCC II INC
	cles of Incorporation/Authorizat	ion to Transact Business
— ✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
	d Amount: \$35.00	
Signature:	Miller	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/27/2019	
Name	Joy Weaver	_
Refere	ence #:1122492	_
Entity	Name:RC	C II INC
	Articles of Incorporation/Authorization Amendment Change of Agent Reinstatement Conversion	to Transact Business
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
	rized Amount: \$35.00	
Signa	ture: 10-lec	

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporatior r to change its registered office or	ı organized una	ler the laws of t	he State of	<u> F10</u>	rida	-
	he corporation:						
	office address:						
•	S.E. 2nd Avenue, Suite 4400		Miami		Florida	3	3131
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:08/02	2/2013 Do	ocument numbe	er:	P13000	06423	3
	street address of the current regis		registered offi	ce on file v	vith the		
	N	RAI Services, I	nc				
	1200 South Pine Island Road						
	Miami		FL	33324	SECH	19 A	
6. The name and (if changed):	I street address of the new register	ed agent (if cha	inged) and /or r	egistered o	Hide Service	AUG 27 A	H LE
	COG	ENCY GLOBA	L INC.		- <u>F</u> S	A	O
	115 North Calhoun Street, Suite 4						
		3ox NOT acceptable		32301	>>		
	Tallahassee		lorida		_		
The street addre as changed will	ss of its registered office and the be identical.	street address	of the business	office of i	its regist	ered aş	gent,
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has b	dopted by its b een notified in	oard of directo writing of the	ors or by an change.	officer.	so	
/s/ Paul B	erkowitz re of an officer or director	!	Paul Berkowitz		sistant S	ecreta	<u>ry</u>
I hereby accept	te of an officer or director the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	all etatutae rala	to act in this co	ner and co	mnlete	isterea ess, I	i
			8/:	27/2019			
Sigr	nature of Registered Agent	3		Date			
If signing on bel	half of an entity:						
KG,	PrutaL Ped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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