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(Red	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
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Special Instructions to F	Filing Officer:				
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SECRETARY OF STATE

PM 2: 25

C. GOLDEN MAY 1 0 2018

COVER LETTER

TO:	Amendment Section Division of Corporations			
CHIDAE	RC3, INC.			
SUBJE	Name of Corporation			
	P18000028284			
DOCU	MENT NUMBER:			
The enc	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:			
	CHAMBERLAIN, ROBERT L, III			
	Name of Contact Person			
	RE3, INC.			
Firm/Company				
	12620 BEACH BLVD STE 3			
	Address			
	JACKSONVILLE, FL 32246			
	City/State and Zip Code			
	robb@rc3.com			
	E-mail address: (to be used for future annual report notification)			
	ner information concerning this matter, please call: t Chamberlain 904 718-1905			
	at () Name of Contact Person Area Code & Daytime Telephone Number			
	Name of Contact Person Area Code & Daytime Pelephone Number			
Enclose	d is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $\dot{}$ BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, F	Florida Statutes, this 	5	
statement of cha in orde	unge is submitted for a corporation organi. er to change its registered office or register	zed under the laws of the S red agent or both in the S	tate of tate of Florida		
	RC3, INC.	rea agent, or both, in the b	iare of Frontia.		
1. The name of	the corporation:	STE 3, JACKSONVIL	LE EL 32246		
2. The principal	office address:		.LL, 1 L 32240	 	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	Document number:	P18000028284		
5. The name and	d street address of the current registered agreement of State: (If resigned, enter resigned	gent and registered office o		2	
	CHAMBERLAIN, ROBERT L, III				
	2975 SAVONA COURT				7
	JACKSONVILLE, FL 32246		Y OF	7 P	LED
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or regis	57	1 2: 26	
	CHAMBERLAIN, ROBERT L, III				
	12620 BEACH BLVD STE 3				
P.O Box NOT acceptable JACKSONVILLE, FL 32246					
The street addre	ess of its registered office and the street a be identical.	ddress of the business offi	ce of its registered	agen	t,
Such change wa authorized by th	as authorized by resolution duly adopted in board, or the corporation has been noti	by its board of directors or fied in writing of the char	r by an officer so ige.		
		ROBERT L CHAMBE	RLAIN III		
Signatu	re of an officer or director	Printed or typed na	ne and title		
I further agree i performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statuted my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	tes relative to the proper a cept the obligation of my j ct a change in the register	ind complete position as register	ed	
1///		04/30/2018			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
ROBERT L C	CHAMBERLAIN III				
T	yped 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 * * *