## L05000114857

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





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2022 JAN -5 PM 2: 13

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

£ \$.

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 595794- /18026669 AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE : January 4, 2021

ORDER TIME : 12:01 PM

ORDER NO. : 595794-010

CUSTOMER NO: 8026669

## CHANGE OF AGENT

NAME: RBY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT#

EXAMINER: \_\_\_

## COVER LETTER

TO: Registration Section Division of Corporations	
RBY, LLC SUBJECT:	
Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
John Ray	
Name of Person	<u>.                                    </u>
RBY, LLC	
Firm/Company	_
14785 Preston Rd., Suite 975	
Address	_
Dallas TX 75254	
City/State and Zip Code	
notices@shmarinas.com	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
John Ray 972	488-1314
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee □ \$5:	5 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

2. (a)		í	b)	
(, -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7900 GLADES ROAD, STE. 402		14785 F	Preston Rd., Suite 975
	BOCA RATON, FL 33434	_ <del>-</del>	Dallas T	X 75254
	11/30/2005		L0500011	14857
3.	Date of filing/registration in Florida	<del></del> 4.		Document number
5. (a)	SERVICE U.S.A., INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	Tthe Florid	la Dept, of St	ate;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u> </u>	_
	7900 GLADES ROAD, STE. 402			
	BOCA RATON . F	33434		202 SE
				2021 JAN -5 SE 7737 577
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress;	
	Corporation Service Company			5 AM 8: 53
	NEW Registered Office Address:		•	
	1201 Hays Street			- -
	Tallahassee . Fl	32301		
<i>e</i> al = 12			C	
change igent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	ed office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	ure of a member or authorized representative of a member	Jol	nn Ray, Au	thorized Signatory
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
•			a tarakan a	pacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00