L080000045060

(Requestor's Name)						
(Address)						
(Address)						
(Ĉity/State/Zip/Phone #)						
(Only State Light Hotte II)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
AUG - 1, 2023						
NO. 1 2222						

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	RIPB LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
Richard	d Squires				
	Name of Person				
RS Hol	ldings, Inc.				
	Firm/Company				
3889 M	faple Ave., Ste 220				
	Address				
Dallas,	TX 75219				
	City/State and Zip Code				
rsquires	s@lennoxcp.com				
Е	-mail address: (to be used for future annu	al report notification)			
For fur	ther information concerning this matter, p	olease call:			
Richard	l Squires	214 397-0175 at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18	3 (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.

1. N	ame of the limited liability company: RIPB LLC			_	
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/_	Mailing address of limite (Note: MAY BE POS		
	3889 Maple Ave., Suite 220				
	Dallas, TX 75219				
	05/06/2008	LOS	8000045060		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a'	C T Corporation System				
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A		202		
	1200 South Pine Island Road				
	Plantation, FL	33324		FIL RETARTARY 2023 JUN 14	
(b)	John Metz			PH PR PR PR PR PR PR PR PR PR PR PR PR PR	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :	STATE TIPE	
	NEW Registered Office Address:			••	
	1280 Old Congress Ave., Suite 107				
	West Palm Beach, FL	33409	·		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of less of organization or the operating agreement of the	the register ability comp of the limited	ed office and the business of pany, it is hereby confirmed I liability company or as other	ffice of the registered that the change(s)	
\leq	((,))	Richard	Squires		
Sign	ature of a member or authorized representative of a member		Printed or typed name	of signee	
provis the ob to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a fixed this change.	performanc	e of my duties, and I am fan	niliar with and accept	
By: _	are of Registered Agent				
Signati	A registered regett				

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