

208000084845

(Requestor's Name)

(Address)

(Address)

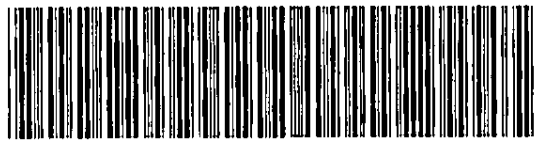
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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09/20/18--01021--014 **25.00

Special Instructions to Filing Officer:
P spoke to Marco add old address in section 5(A) fill out form accurately on 9/27/18

Office Use Only

FILED
18 SEP 27 PM 4:33



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

MARCO RUIZ
2112 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH, FL 32082

SUBJECT: THE RUIZ LAW FIRM, LLC
Ref. Number: L08000084845

We have received your document for THE RUIZ LAW FIRM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00019832

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ruiz Law Firm, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marco A. Ruiz
Name of Person

The Ruiz Law Firm, LLC
Firm/Company

2112 Sawgrass Village Drive
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

marco@Ruizlaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco A. Ruiz at (904) 625-7512
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

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. Name of the limited liability company: The Ruiz Law Firm, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2112 Sawgrass Village Drive 2112 Sawgrass Village Drive
Ponte Vedra Beach, FL 32082 Ponte vedra Beach, FL 32082

3. 09/05/2008 4. L08000084845
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8834 Goodby's Executive Dr. Ste 1
Jacksonville FL 32082

19 SEP 27 PM 4:33
FILED

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2112 Sawgrass Village Drive
Ponte Vedra Beach, FL 32082

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marco A. Ruiz
Signature of a member or authorized representative of a member

Marco A. Ruiz
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent