

747 175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/10/22--01019--025 **35.00

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLA.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rita Apartments IV, Inc.
Name of Corporation

DOCUMENT NUMBER: 747175

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheryl McPhail

Name of Contact Person

Firm/Company

6963 E. Montana Place

Address

Denver, CO 80224

City/State and Zip Code

mephailsheri@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheryl McPhail

Name of Contact Person

at (303) 594-6469

Area Code & Daytime Telephone Number

Enclosed 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rita Apartments IV, Inc.

2. The principal office address: 531 North J Street, Lake Worth, FL 33460

3 The mailing address (if different): 6963 E Montana Place, Denver, CO 80224

3. The mailing address (if different): 05/15/1979 747175
4. Date of incorporation/qualification: Document number:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned)

Har Alla Dr (RESIGNED)

195-33 39 Avenue

Flushing, NY 11358

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sheryl McPhail

6963 E Montana Place

P.O. Box NOT acceptable

Denver, CO 80224

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sheryl McPhail
Signature of an officer or director

Signature of an officer or director

Sheryl McPhail

Printed on recycled paper and ink.

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sheryl McPhail
Signature of Registered Agent

Signature of Registered Agent

05/05/2022

1304

If signing on behalf of an entity:

Typed or Printed Name

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

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