## A1500000358

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| •                                       |                   |             |  |  |
| (Address)                               |                   |             |  |  |
|   |                   |             |  |  |
| (Address)                               |                   |             |  |  |
|   | (C) 1 (P)         | 10          |  |  |
| (Cr                                     | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
|   |                   |             |  |  |
| (Bu                                     | siness Entity Na  | me)         |  |  |
|   |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
|   |                   |             |  |  |
| Certified Copies                        | Certificate       | s of Status |  |  |
|   |                   |             |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
| JORAL CO                                | 2 4 4 .           |             |  |  |
| ORONG FORMS Office Use Only             |                   |             |  |  |
| Office Use Only                         |                   |             |  |  |



400295948984

03/23/17--01006--022 \*\*10.00

02/27/17--01023--012 \*\*25.00

2011 HAR 17 AM 9: 16
SECKETARY OF STATE

K. SALY MAR 2 3 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2017

RAMVOICE, INC. ROBERT RICHMOND 3329 SUNSET KEY CIR, UNIT 401 PUNTA GORDA, FL 33955-3901

SUBJECT: RAMVOICE, L.P. Ref. Number: A15000000358

We have received your document for RAMVOICE, L.P. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 717A00003970

## **COVER LETTER**

| TO:   | Registration Section Division of Corporation   | s                                    |                            |
|-------|--|--------------------------------------|----------------------------|
| SUB.  | UBJECT: Ramvoice, L.P.  Name of Limited Partnership or Limited Liability Limited Partnership |                                      |                            |
|       | Name of Limi   | ted Partnership or Limited Liability | y Limited Partnership      |
| DOC   | UMENT NUMBER:  | A150000                              | 00358                      |
|       | enclosed Statement of Char<br>are submitted for filing.                                      | nge of Registered Office and         | or Registered Agent and    |
| Pleas | e return all correspondence  | e concerning this matter to:         |                            |
|       | Robert Ric   | chmond                               | 74. <b>2</b>               |
|       | Contact P  | erson                                |                            |
| _     | Ramvoic  | <del> </del>                         |                            |
|       | Firm/Com   | pany                                 | 50 m                       |
|       | 3329 Sunset Key  | Circle, Unit 401                     |                            |
|       | Addre  | 288                                  | AM D.                      |
|       | Punta Gorda, FL  | . 33955-3901                         |                            |
|       | City, State and  | Zip Code                             |                            |
|       |  | e3@aol.com                           |                            |
|       | E-mail address: (to be used for f  | uture annual report notification)    | <del></del>                |
| For f | urther information concern   | ning this matter, please call:       |                            |
|       | Robert Richmond  |                                      | 417-8278                   |
|       | Name of Contact Person   | Area Code and                        | d Daytime Telephone Number |
| Enclo | osed is a \$35.00 check made   | le payable to the Florida Dep        | partment of State.         |
| STR   | EET ADDRESS:   | MAILI                                | NG ADDRESS:                |
| Regis | stration Section   |                                      | ation Section              |
| Divis | ion Forporations   |                                      | n of Corporations          |
|       | on Building  |                                      | ox 6327                    |
| Talla |  | Tallaha                              | ssee, FL 32314             |
| INHS  | 04 (01/06)   |                                      |                            |

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1  | Ramvoice   |              |  |  |  |
|--|--|--------------|--|--|--|
|  | Name of Limited Partnership or Limite  | d Liability  | Limited Partnership                    |  |  |
| 2.   | 05/26/2015   | 3.           | A15000000358                           |  |  |
| Date of f  | Date of filing/registration in Florida   |              | Florida document number                |  |  |
| 4. The name of the Department of St              | he registered agent and the registered off<br>ate:   | ice address  | as shown on the records of the Florida |  |  |
|  | Robert Rich  | mond         |  |  |  |
|  | Name   |              |  |  |  |
|  | 3321 Sunset Key C  | ircle, Uni   | it 307 👝                               |  |  |
|  | Address  |              | A Second                               |  |  |
|  | Punta Gorda, F   | L 33955      | 5 SA                                   |  |  |
|  | City, State an   | d Zip        | 755                                    |  |  |
| 5. The name and                                  | Florida street address of the new registe  | red agent aı | TALLAHASSEE, FLORID                    |  |  |
|  | Robert Richmond 99   |              |  |  |  |
|  | Name   |              |  |  |  |
|  | 3329 Sunset Key C  | ircle, Uni   | t 401                                  |  |  |
| Florida street address (P.O. Box not acceptable) |  |              |  |  |  |
|  | Punta Gorda  | F            | L_33955-3901                           |  |  |
|  | City, State an   | ıd Zip       | <del>-</del>                           |  |  |
| 6. Such change(s                                 | s) is/are effective when filed by the Floridarian  | da Departm   | ent of State.                          |  |  |
| comply with the p                                | the appointment as registered agent and a<br>provisions of all statutes relative to the pir<br>with an accept the obligations of my po-<br>istered Agent | roper and c  | omplete performance of my duties,      |  |  |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50