Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:							
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LLC REGISTERED AGENT CHANGE RUEVE PROPERTIES, LLC

Certificate of Status	0
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SEP 2 2 2021

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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.

L Na	ime of the limited liability company: RUI	EVE PRO	PERTI	ES, LLC		
2. (a)		(b)			
	Principal office address of limited liability co (Note: MUST BE STREET ADDRES.	• •	Mailing address of limited liability compa (<u>Note: MAY BE POST OFFICE BOX</u>			
	632 Rumson Rd		7901 41	h St N STE 300		
	Birmngham AL		St. Peter	sburg FL 33702		
	01/05/06		L060000	002625		
3.	Date of filing/registration in Florid	la 4.		Document number		
5. (a)	CONNIE S RUEVE					
<i>э.</i> (н)	Registered Agent and Registered Office shown on the	e records of the Floric	la Dept. of State	• !:	28	
	4745 CERROMAR DRIVE				JIVISION 2021 SEP	
	Registered Office Address (MUST BE FLORIDA	A STREET ADDRES	<u>(S)</u>	•	INVISION OF C	
	NAPLES	FL 3411	2	•	Y OF STATE DURITOR AN IO: 17	
	Registered Agents Inc.	-		•	9 (A)	
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office a	ddress:	•		
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300			•		
	St. Petersburg	, FL 3370	2			
the cha agent v was/wa	imited liability company is not organized uninge or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ricles of organization or the operating agreem	address of the reg Timited liability of members of the linent of the limited	istered office company, it is mited liabilit	e and the business offic s hereby confirmed that y company or as othery	e of the registered t the change(s)	
Signa	turelof a member or authorized representative of a mer	mber		Printed or typed name of s	ignee	
provisi the obi to mer notifie	······	l complete perfort as provided for in	nance of my Chapter 605 confirm that	duties, and I am familia 5, F.SOr, if this docum	ar with and accep nent is being filed	
Signatu	ire of Registered Agent					