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Office Use Only



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## COVER LETTER ‡

TO:	Registration Section Division of Corporations		
SUBJE			
	Nam	e of Limite	ed Liability Company
Dear Si	r or Madam:		
The end	:losed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.
Please r	return all correspondence concerning thi	s matter to	the following:
Ryan	Tremblay		
	Name of Person		<del></del>
REFIN	NDLY LLC		
	Firm/Company		
24301	Walden Center Dr Suite 300		
	Address		
Bonita	Springs, FL 34134		
	City/State and Zip Code		<del></del> _
-	refindly.com		
E-	mail address; (to be used for future annu	ial report r	otification)
For furti	her information concerning this matter,	please call	:
Ryan 1	Fremblay	239	272-2092
	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 :		
	☑ \$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. No	ame of the limited liability company: REFINDLY LL	_C			
2. (a)	24301 Walden Center Dr Suite 300	(b)	24301 Walden Center Dr S	Suite 300	
, .	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited l (Note: MAYBE POST O		
	Bonita Springs, FL 34134	_ E	Bonita Springs, FL 34134	prings, FL 34134	
	03/14/2006	 . <u>L</u> (	06000027075		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	TREMBLAY, RYAN				
	Registered Agent and Registered Office shown on the records of the Registered Office Address  (MUST BE FLORIDA STREET 4)  9240 BONITA BEACH RD SUITE 3317	pt. of State:	%		
	Bonita Springs .FL	34135		19 1	
(b)	TREMBLAY, RYAN			APR 2	
, ,	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	<u>w</u> :	CORR	
	NEW Registered Office Address:			8: -	
	24301 Walden Center Dr Suite 300			M 8: 18	
	Bonita Springs FL 3	34134			
the charagent was/we the artic	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab ure of a member or authorized representative of a member on authorized representative of a member of a proper and agree on a complete of the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes relative to the proper and complete or the statutes are lative to the proper and complete or the statutes are lative to the proper and complete or the statutes are lative to the proper and complete or the statutes are lative to the proper and complete or the statutes are lative to the proper and complete or the proper and complete or the statutes are lative to the proper and the proper and the proper and the proper are lative to the proper and the proper and the proper and the proper and the proper are lative to the proper and the proper and the proper and the proper are lative to the proper and the proper and the proper are lative to the proper are lative to the proper and the proper are lative to t	he register bility comp the limited imited liab Ryan	ed office and the business office any, it is hereby confirmed that I liability company or as otherwility company.  Tremblay  Printed or typed name of sections are section.	e of the registered t the change(s) vise provided in	
17	or accept the appointment as registered agent that aged one of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	for in Cha 2reby confi	e of my auties, and 1 am familie pter 605, F.S. Or, if this docum rm that the limited liability com	ir with and accept ient is being filed ipany has been	

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