# L06000066082

	questor's Name	:)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
		MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	Office Use O	hly



11/01/13--01024--011 \*\*25.00



✓ SULKER ↓↓ 0 3 2019

#### **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: RVL ARCHITECTS + PLANNERS, 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:

### SEGISBERTO J. LEON

Name of Person

**RVL ARCHITECTS + PLANNERS, LLC** 

Firm/Company

13280 SW 131ST STREET, SUITE 107

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

info@rvlarch.com

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

For further information concerning this matter, please call:

SEGISBERTO J. LEON	786 227-6635		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section 6.		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following an	iount:		
☑ \$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.

l. Na	me of the limited liability company:	ECTS -	- PLANN	ERS, LLC			
2. (a)	13280 SW 131ST STREET	(b	13280 \$	SW 131ST	STREET		
	Principal office address of fimited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing addres ( <u>Note:_MAY</u>	s of limited lia [ <u>BE POST_O</u>	•	•••
	SUITE 107		SUITE 1	107			
	MIAMI, FLORIDA 33186	-	MIAMI,	FLORIDA	33186		
	06/29/2006		L060000	66082			
3.	Date of filing/registration in Florida	4.	· ·	Document	number	·	
5. (a)	ATRIUM REGISTERED AGENTS, INC.						
J. (u)	Registered Agent and Registered Office shown on the records of the 8950 SW 74TH COURT	ne Florida	Dept. of Stat	– e:			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	1	-			
	SUITE 1901						
	MIAMI	33156		-	TAL	201	
(b)	SEGISBERTO J. LEON				CREI	AGI1 6102	-11
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office add	lress:	-	LSS:	_`	
	13280 SW 131ST STREET				IARY OF STATE ASSEE, FLOOID	5i HJ	
	NEW Registered Office Address:			-	35	- t <u>-3</u> - (-)-	$\mathbf{C}$
	SUITE 107			-		ω S	
	MIAMI, FL_	33186		_			
he cha igent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of class of dramization or the operating agreement of the l	the regis bility co `the limi imited li	tered office mpany, it is ted liabilit ability con	e and the bus s hereby con y company c apanya	finess office firmed that or as otherw	e of the the ch	registered ange(s)
$\underline{-c}$	× 100	SEC	GISBERT	OJ. LEON		_	
-	ure of a member or authorized representative of a member			Printed or typ			
Thereb wovisio	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act performe	in this cap ince of my	acity. 1 furth duffes, and J	ier agree to am familia	compi r with	ly with the and accept

۰.

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. Thereby confirm that the limited liability company has been notified in writing of this change.

2 11 Signature of Registered Agent

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

. .

.

•

.