## 07000071142

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Littly Name)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ri	iolal, 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 m	natter to the following:	
Vicky Yanes		
Name of Person	•	
Rijolal, LLC Firm/Company		
999 Ponce de Leon Blvd., Suite 625		
Coral Gables, Florida, 33134 City/State and Zip Code		
vicky@appelrouth.com  E-mail address: (to be used for future annual report notificati	on)	
For further information concerning this matter, ple	ase call:	
Vicky Yanes at (at (	305 ) 444-0999, Ext. 253-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$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 608.416 or 608.508, 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.

Name of the limited liability company:	Rijolal, LLC	
2. (a) Principal office address of limited liability company	y: 32900 Aspen Glen Drive	
(Note: MUST BE STREET ADDRESS)	Solon, OH 44139	
(b) Mailing address of limited liability company:	999 Ponce de Leon Blvd., Suite 625	
(Note: MAY BE POST OFFICE BOX)	Coral Gables, Florida 33134	
07/09/2007	L07000071142	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	AG Corporate Services, LLC	
Registered Office Address:	5805 Blue Lagoon Drive Suite 200 Miami, Florida 33126	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Carlos M. Farah, CPA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	999 Ponce de Leon Blvd. Suite 625 Coral Gables ,FL33134	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member		
Josefina Fernandez Printed or typed name of signee	a.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I have by confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	
Division of Corporations, P.O. Box 63. FILING FEE: \$2	27, Tallahassee, FL 32314 🔰 모두	

INHS18 (05/08)

SECRETARY OF STATE
VIVISION OF CORPORATIONS