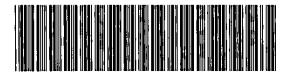
L080000 31664

/Pa	questor's Name)	
· (Re	questors Name)	
· (Ad	dress)	
(Ad	dress)	
(6)	ty/State/Zip/Phone#	
(Cil	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Ou	omoco Emily Hamo,	,
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
	·	
Special Instructions to	Filing Officer:	
		į
	竖	
7:59		
Æ	ر الله الله الله الله الله الله الله الل	
in th	- 22 25 250 3 at	
2016 JUL -5		
3107	78 8	



600287514146

07/06/16--01005--013 **25.00

SECRETARY OF STATE

OUN C & POIS

COVER LETTER

TO: Registration Section Division of Corporations	•		
Ritcon Investments East, L	LC		
<u> </u>	me of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing	<u>,</u> .	
Please return all correspondence concerning the	his matter to the following:		
Charles D. Barnett			
Name of Person			
Firm/Company			
224 Datura Street, Suite 1113	•		
Address		**** 1	
West Palm Beach, FL 33401	·	ACLAN	***
City/State and Zip Code		ASSET -5	() () () () () () () () () ()
1 "		TE TO	
E-mail address: (to be used for future an	nual report notification)		<u> </u>
For further information concerning this matter	r, please cail:	कुल क	
Charles D Barnett	561 622-6655		
Name of Person	Area Code & Daytime Tele	phone 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	g amount:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	у	

INHS18 (2/14)

STATEMENT OF CHÂNGE 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.	Na	me of the limited liability company: Ritcon Investm	nents	East, LL0	C	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	b)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	
			- -			
		03/27/2008		L08000	031664	
3. 5.	(a)	Date of filing/registration in Florida Charles D Barnett	4.		Document number	
	()	Registered Agent and Registered Office shown on the records of the 8412 Native Dancer Road	ie Florid	a Dept. of St	tate:	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRES.	<u>s)</u>		
		Palm Beach Gardens, FL	33418	-		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			77	
		224 Datura Street, Suite 1113			-5 -5 T	
		NEW Registered Office Address:				
		West Palm Beach , FL	33401		<u> </u>	
the age wa	cha ent v s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he reg bility c the lir	istered offi ompany, it nited liabil	ice and the business office of the reg it is hereby confirmed that the chang lity company or as otherwise provid	gistered ge(s)
/		ailes d Samet		aries D E		
I F pro the to	iere oviși obl mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.	e to ac perforn for in ereby c	et in this ca nance of m Chapter 60 confirm tha	Printed or typed name of signee apacity. I further agree to comply way duties, and I am familiar with ana 05, F.S. Or. if this document is being at the limited liability company has	vith the l accept ng filed been

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

Signature of Registered Agent