

208000084845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

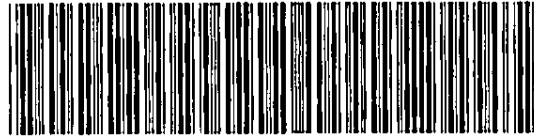
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Special Instructions to Filing Officer:

PSpoke to Marco add old  
address in section 5(A)  
fill out form accurately  
on 9/27/18

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18 SEP 27 PM 4:33  
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JANIS

MS  
SEP 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2018

MARCO RUIZ  
2112 SAWGRASS VILLAGE DR  
PONTE C=VEDRA BEACH, FL 32082

SUBJECT: THE RUIZ LAW FIRM, LLC  
Ref. Number: L08000084845

We have received your document for THE RUIZ LAW FIRM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00019832

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Ruiz Law Firm, 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:

Marco A. Ruiz  
Name of Person

The Ruiz Law Firm, LLC  
Firm/Company

2112 Sawgrass Village Drive  
Address

Ponte Vedra Beach, FL 32082  
City/State and Zip Code

marco@Ruizlaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco A. Ruiz at ( 904 ) 625-7512  
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 amount:**

☒ \$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. Name of the limited liability company: The Ruiz Law Firm, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company.  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2112 Sawgrass Village Drive 2112 Sawgrass Village Drive  
Ponte Vedra Beach, FL 32082 Ponte Vedra Beach, FL 32082

3. 09/05/2008 4. L08000084845  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
8834 Goodby's Executive Dr. Ste 1  
Jacksonville FL 32082

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
2112 Sawgrass Village Drive  
Ponte Vedra Beach, FL 32082

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.

Marco A. Ruiz Marco A. Ruiz  
Signature of a member or authorized representative of a member Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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