## L08000099484

(Red	questor's Name)		
(Address)			
(Address)			
(City	//State/Zip/Phone #	<del>(</del> )	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
. (Doc	cument Number)		
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## COVER LETTER

Division of Corporations				
SUBJECT:		I J. RAYVIS		
N	lame of Limite	d Liability Co	mpany	
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	sistered Office	Change and fe	ee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this n	natter to the fo	llowing:	
MYRON J. RA	YVIS			
Name of Person				
Firm/Company			·	
7780 SW 142 ST	REET			
PALMETTO BAY, F City/State and Zip Co				
MYRON@RAYVISL E-mail address: (to be used for future ann	AW.COM ual report notificati	on)		
For further information concerning	this matter, ple	ase call:		
MYRON J. RAYVIS	at (_		378-6425	
Name of Person		Area Coo	de & Daytime Telephone Number	
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ess:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the	following am	ount: .		
\$25 Filing Fee		\$55 Filing Fee & Certified Copy		

TO: Registration Section

## 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.

MYON J. RAYVIS, PL		
y: 7780 SW 142 STREET		
PALMETTO BAY, FL 33158		
7780 SW 142 STREET		
PALMETTO BAY, FL 33158		
L08000099484		
. Document number		
ne records of the Florida Dept. of State:		
MYRON J. RAYVIS		
7780 SW 142 STREET FALMETTO BAY, FL 33158		
Registered Office address		
MYRON J. RAYVIS		
7780 SW 142 STREET PALMETTO BAY, FL ,FL 33158		
we of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization are to act in this capacity. I further agree to be and complete performance of my duties, it in as registered agent as provided for in the registered office has been notified in writing of this change.		

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