00/01466

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100310977501

03/26/18--01030--003 **35.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2018

ROBERT SPIELMAN 6619 S DIXIE HIGHWAY MIAMI, FL 33143 US

SUBJECT: RELIANT INVENTORY GROUP, LLC

Ref. Number: L08000101466

Sephaled

We have received your document for RELIANT INVENTORY GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00006236

MECELNED

118 APR 10 AM 10: 52

DEPARTMENT OF STATE
INSIGN OF CORPORATION

TALL AHASSEF FROM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Repart INVENTORY Group, 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:
Robert Spielmen Name of Person Peliant Inventory Group, 216 Firm/Company
6619 South Divie Hughway Address
MAM, PL 33/43 City/State and Zip Code
E-mail address: (to/be used for future annual report notification)
For further information concerning this matter, please call:
Raher Spielmen at (305) 744-22/3 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
INHS18 (2/14)

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.

	hpix/e h		# <u>\$</u> \tilde{\beta}\left(\beta) -		South Di lress of limited li 1AY BE POST O	
			721			
M/AM	FL	33/4	-00	(<u>Note: M</u>	<u>1AY BE POST O</u>	<u>FFICE BUX) 🗛 </u>
	IFL	33/4				
			<i>u</i> 3 _	/M1/	Im If	
		- / /				33/4
3/22/	17			L08	000 10	1466
Date of filing	registration in F	lorida	4.	Docume	nt number	
Roman M	10					
istered Agent and Regi	tered Office shown	on the records of	Zhe Florida Dent	of State:		
214 /16	MATIC	But	Sinte	211		
intered Office Address	MUST PE ELO	DIDA STREET	ADDRECC)	201.		
istered Office Address.	A A	rl) 1	<u>ADDRESS)</u>			
Work	falm,	Phlally	,			- 00
1/100	Palm	Deallor	: 33	40/		
- COOT	10000	, and the same	<i></i>			
1911: Baber	Dies	men				20
er name of NEW Regis	ered Agent and/or		I Office address:			
1/10	004	1	1/ /	•/		
6019	South 1	11X1e	Highwa	4#32/	Į.	- 新社 公
W Registered Office A	ldress:					***
MIL	111		121	1203		
<i>[]]</i>]]]	<i>V()</i>	, FL		7-		
, ed liability compan	y is not organize	d under the la	ws of the State	e of Florida, it is	s hereby confi	rmed that afte
or changes are mad	le, the Florida st	reet address of	f the registered	d office and the	business office	e of the regist
be identical. Or, in uthorized by an aff	tne case of a ric	the members	of the limited	liability compar	y or as othern	vise provided
						, ·
			Æ	open "	De reli	man
f a member or authoriz	ed representative of	a member		Printed or	typed name of s	ignee
ccept the appointm of all statutes relat ions of my position eflect a change in t	ent as registered ive to the proper as registered ag	agent and age and complete ent as provide	ree to act in the performance of for in Chap	iis capacity. I fi of my duties, an ter 605, F.S. Oi m that the limits	urther agree t nd I am familion, if this docured liability cov	o comply with ar with and ac nent is being j npany has bee
writing of this char	ie regisiereu Ujj	ice unui ess, i	nereby confin	n mu me mme	a macinity con	
	istered Agent and Regis 219 Cle gistered Office Address West Policy Polic	istered Agent and Registered Office shown 2 9 Alm AT Segistered Office shown 2 9 Alm AT Segistered Office Address In the segistered Office Address We Registered Office Address: We Registered Office Address: We Registered Office Address: In the case of a Florida structure of the operating agent and or the operating agent and or the operating agent the appointment as registered of court the co	gistered Office Address MUST BE FLORIDA STREET Palm Black FL Pa	istered Agent and Registered Office shown on the records of the Florida Dept. 214 CleMATIS SHEET SWE gistered Office Address MUST BE FLORIDA STREET ADDRESS) When Scale Florida STREET ADDRESS) Palm Scale Florida STREET ADDRESS) Palm Scale Florida STREET ADDRESS) Palm Scale Florida STREET ADDRESS Palm Scale Florida STREET ADDRESS When Registered Agent and/or NEW Registered Office address: When Registered Office Address: Palm Scale Florida STREET ADDRESS When Registered Office Address: Palm Scale Florida STREET ADDRESS Palm S	istered Agent and Registered Office shown on the records of the Florida Dept. of State: 219 Clematis Street, Sweezy, gistered Office Address Must be Florida Street address) West falm florida The Registered Agent and/or NEW Registered Office address: West Address: West Street Agent and/or NEW Registered Office address: West Registered Office Address: The Registered Office Address: The Registered Office Address: The Initial Company is not organized under the laws of the State of Florida, it is or changes are made, the Florida street address of the registered office and the be identical. Or, in the case of a Florida limited liability company, it is hereby a of organization or the operating agreement of the limited liability company. The approximation of the operating agreement of the limited liability company. The approximation of the operating agreement of the limited liability company. The approximation of the operating agreement of the limited liability company. The approximation of the operating agreement of the limited liability company. The approximation of the operating agreement of the limited liability company.	istered Agent and Registered Office shown on the records of the Florida Dept. of State: 219 CleMATIS SHEAT, SWEQUI gistered Office Address (MUST BE FLORIDA STREET ADDRESS) Wood Palm Beach Who Palm Beach The Palm Beach