

LD900000079166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

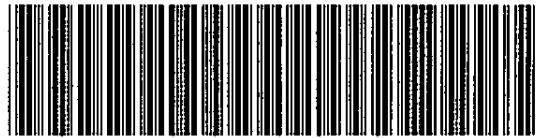
Special Instructions to Filing Officer:

**L. SELLERS**

JAN -4 2010

**EXAMINER**

Office Use Only



700163112617

12/31/09 -01012- 023 \*\*50.00

FILED

09 DEC 31 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ricky P's Po Boys 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:

RICK PARSONS  
Name of Person

Ricky P's Po Boys, LLC  
Firm/Company

6521 4TH STREET NORTH  
Address

SAINT PETERSBURG, FL 33702  
City/State and Zip Code

RICKPARSONS@TAMPABAYFLORIDA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK PARSONS at ( 727 ) 638-2483  
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

25/50

**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.

1. Name of the limited liability company: RICKY P'S BOYS, LLC
2. (a) Principal office address of limited liability company: 6521 4TH STREET N.  
☐ (Note: **MUST BE STREET ADDRESS**) ST. PETERSBURG, FL 33702
- (b) Mailing address of limited liability company: SAME AS ABOVE  
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 23 JANUARY 2009
4. Document number: 2 09000007966
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: RICK PARSONS  
Registered Office Address: \_\_\_\_\_
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: RICK PARSONS  
**NEW** Registered Office Address: 6521 4TH STREET N.  
(**MUST BE FLORIDA STREET ADDRESS**) SAINT PETERSBURG FL 33702

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.

Rick Parsons  
Signature of a member or authorized representative of a member

RICK PARSONS  
Printed or typed name of signee

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 608, 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.

Rick Parsons  
Signature of Registered Agent

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

FILED  
09 DEC 31 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL