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DATE: 03-07-2012

NAME: RI GALAMBA LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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:	RI GALAMBA, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Naples, FL 34102		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o Robert R. Bartunek 911 Main Street, Suite 2800 Kansas City, MO 64105		
04/07/2009	L09000033793		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State;			
Registered Agent:	CT Corporation System ~~		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION FL 333324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent: NEW Registered Office Address:	V Registered Office address:		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301		
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. (Signature of a member or authorized representative of a member) Robert R. Bartunek			
	_		
(Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position if r.S. Or, if this document is being filed to merely reflect a confirm that the limited Hability company has been notified (Signature of Registered Agent) Division of Corporations, P.O. Box	<u>a </u>		
FILING FEE: \$25.00			