L09000047354

| (Requestor's Name) | | | | | |
|---|----------------|-------------|--|--|--|
| | | | | | |
| (Addre | (Address) | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/S | State/Zip/Phon | e #) | | | |
| , | • | • | | | |
| PICK-UP | MAIT | MAIL | | | |
| | | | | | |
| (Busin | ess Entity Nar | ne) | | | |
| · | · | · | | | |
| (Docu | ment Number) | | | | |
| (2000 | | | | | |
| Cartified Canica | Cartificato | n of Status | | | |
| Certified Copies | Certificates | s or status | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



300363524063

04/12/21--01024--020 **25.00

ZTA A L L WILL US

ELL AIKS SETTLORIO

COVER LETTER

| TO: | Registration Section | | | ************************************** |
|--------|---|---------------------|-----------------------------|--|
| | Division of Corporations | | | |
| | FCT: Ruben-Holland Manage | ment 11C | | |
| SUBJE | | e of Limited Liab | ility Company | |
| | | | | |
| Dear S | ir or Madam: | | | |
| The en | closed Registered Agent/Registered Offi | ce Change and fee | e(s) are submitted for fili | ng. |
| Please | return all correspondence concerning thi | s matter to the fol | lowing: | |
| | | | | |
| Roby | n Davis | | | |
| ***** | Name of Person | | | |
| | | | | |
| Rube | en-Holland Management, LL0 | | | |
| | Firm/Company | _ | | |
| 56. | D 44407 | | | |
| PO 1 | Box 11467 | | | |
| | Address | | | |
| Brac | denton, FL 34282-1467 | | | |
| | City/State and Zip Code | | | |
| rdav | vis@hollandproperties.net | | | |
| E | E-mail address: (to be used for future ann | ual report notifica | tion) | |
| For fu | rther information concerning this matter. | please call: | | |
| | | | | |
| Robyi | n Davis | at (<u>941</u> | 916-5959 | |
| - | Name of Person | | Area Code & Daytime To | elephone Number |
| | STREET/COURIER ADDRESS: | MAI | LING ADDRESS: | |
| | Registration Section | Regis | tration Section | |
| | Division of Corporations | | ion of Corporations | |
| | Clifton Building | · - | P.O. Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | i alla | hassee, Florida 32314 | |
| | Enclosed is a check for the following | amount: | | |
| | ✓ \$25 Filing Fee | | Filing Fee & Certified C | opy |
| | • | | ~ | |

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.

| l. Na | me of the limited liability company: Ruben-Holl | and l | Maı | nage | ment, LLC | |
|------------------------------|---|---|----------------------------------|------------------------------------|---|--|
| 2. (a) | 751 Frederick Street | | (b) PO Box 11467 | | | |
| c. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| o) <u> </u> | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Hanover PA 17331 | _ | Br | adent | on, FL 34282-1467 | |
| | 5/14/2009 | _ | | 90000 |)47354 | |
| 3. | Date of filing/registration in Florida | 4. | | | Document number | |
| 5. (a) | DAVID HOLLAND LAW | | | | | |
| , (u) | Registered Agent and Registered Office shown on the records of th | e Florid | a Dept | . of State | : | |
| | 3639 CORTEZ ROAD WEST | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | <u>s)</u> | | | |
| | SUITE 111 | | | | | |
| | BRADENTON , FL | 34210 |) | | 2021 <i>I</i> | |
| (b) | Registered Agents Inc. | | | | 2021 APR 12 AM 12: 05 Neu Airasse a florid | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office ad | ldress: | : | • • • | |
| | 7901 4th St N | | | | AM 12: 05 | |
| | NEW Registered Office Address: | | | | .⊕)5 | |
| | STE 300 | | | | | |
| | St. Petersburg,FL | 3370 | 2 | | | |
| he cha igent w was/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regi pility co the lin imited | stere ompa nited liabil | d office ny, it is liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | |
| Signat | ure of a member or authorized representative of a member | | | | Printed or typed name of signee | |
| rovisio he obli o mere | ny accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. Bill Havre - Assistant | erform for in (ereby c | iance Chap onfir | of my o | luties, and I am familiar with and accer | |

Signature of Registered Agent