## MO 0000 21717

(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:									

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12/12/20



## COVER LETTER

	Registration Section Division of Corporations		C C C C C C C C C C C C C C C C C C C						
ejin m	RITZ PROPERTIES OF MAN	ATEE, LLC							
SUBJEC	-1:	Name of Limited Liability Company							
Dear Sir	or Madam:								
The encl	osed Registered Agent/Registered	l Office Char	nge and fee(s) are submitted for filing.						
Please re	eturn all correspondence concernit	ng this matter	to the following:						
LARRY.	J. RITZENTHALER.								
	Name of Person		<del></del>						
	Firm/Company								
502 1371	H STREET EAST								
	Address		<del></del>						
BRADEN	NTON, FL 34212								
	City/State and Zip Co	de							
ljbgritz@	yahoo.com								
E-n	nail address: (to be used for future	annual repo	rt notification)						
For furth	er information concerning this ma	itter, please c	all:						
		at (	)						
	Name of Person		Area Code & Daytime Telephone Number						
H [] H	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
F	Enclosed is a check for the follow	ving amount	l:						
•	■ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy						
INHS18 (I	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.

1. Na	ame of the limited liability company: RITZ PROPERT	TIES OF	MA	NATEE.	LLC					
2. (a)			(h)							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY	s of limited li	iability co	нпралу:		
	502 137TH STREET EAST			502 1371	BRADENTON, FL 34212					
	BRADENTON, FL 34212			BRADE						
	02/25/2010			L10000021717						
3.	Date of filing/registration in Florida	4.	_		Document n	number				
5. (a)										
J. (u)	Registered Agent and Registered Office shown on the records o	f the Flor	ida I	Dept. of St	<del></del> ale:					
	QUINLAN, JOHN VESQ									
	Registered Office Address	ADDRE	:SS)		<u> </u>					
	601 12TH STREET WEST									
	BRADENTON, F	34205 L			_					
					- <b>-</b>					
(b)					_		SFC	3		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office</u>	<u>addr</u>	ess:		F	JAG.	المنارية ا		
	Michael M. Hamrick					7.17.7 17.17.7 17.17.7	7 🔻			
	NEW Registered Office Address:				_	<i>(</i> 3≺	. 5	,		
	601 12TH STREET WEST					III'S	SECRETARY OF STATE			
			_			77	ή: -	t		
	BRADENTON, FI	L <u>34205</u>				177	ڡٛ			
change agent w was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe ability of of the li	ered com imit	office ar pany, it ed liabili	nd the busines is hereby conf ty company or	s office of firmed that	the regi	istered inge(s)		
Lar	Larry J. Ritzenthaler			Larry J. Ritzenthaler, Manager						
Signat	ture of a member or authorized representative of a member				Printed or type	ed name of si	ignee	_ <del>-</del> _		
provisio he obli o mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to a perfori d for in hereby	ct in man Ch conj	this cap ce of my apter 60, firm that	oacity. I furthe duties, and I c 5, F.S. Or, if i the limited lic	er agree to am familia this docum thility com	o comply or with a nent is h upany ha	v with the ind accept being filed as been		
m	lichael M. Hamrick									

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

Signature of Registered Agent