

210 0000 33405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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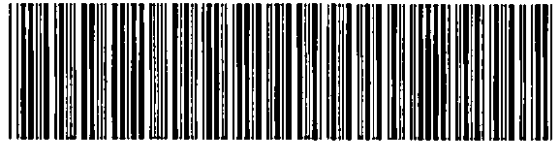
(Business Entity Name)

(Document Number)

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DIVISION OF INFORMATION  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ring Investments, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L10000033405

The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Richardson  
Name of Contact Person  
Ring Investments, LLC  
Firm/Company  
500 World Commerce Parkway  
Address  
St. Augustine, FL 32092

City State and Zip Code

SUSAN.RICHARDSON@RINGPOWER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Richardson  
Name of Contact Person

at ( 904 ) 494.1101  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUL 16 AM 11:12  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **Ring Investments, LLC**
2. The principal office address: **500 World Commerce Parkway,  
St. Augustine, FL 32092**
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/26/2010 Document number: L10000033405
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Holbrook Cold, Kathleen

One Independent Drive, Suite 2301

Jacksonville, Florida 32202

6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Kathleen H. Cold

10151 Deerwood Park Blvd Building 300 Suite 300

P.O. Box NOT acceptable

Jacksonville, Florida 32256

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SECRETARY OF STATE  
JACKSONVILLE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*[Signature of Susan S. Richardson]* **SUSAN S. RICHARDSON, MANAGER**  
Signature of an officer or director Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*[Signature of Kathleen H. Cold]*  
Signature of Registered Agent

**7/7/2020**  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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