210000114639

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500292296685

11/15/16--01027--029 **25.00

FILED

2018 HOW 15 A 10: 02:
SECRETARY OF STATE
SECRETARY OF STATE

S Warren NOV 1 6 2016

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Ram Ru + Main, 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	er to the following:					
Thomas M Wigge Name of Person Palm RU + Maline, LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·					
16065 5 TANTIANI TAIL Address						
F4 Mus F2 33908 Sity/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	call:					
Denise Hicks at (239) 271-2711						
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					

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.

Florida.		_		
1. Nan	ne of the limited liability company:	N+Macine	,UC	
2. (a) _	PAIN RUYMOSILO LLC	_ (b)	Alm RU +no	wide ILC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit	
	16065 S. TAMIANI Trail	1604		1
	Ft Muss. 9. 33908	- FL	MUS R	33908
	101		0	
3.	Date of filing/registration in Florida	_ <u> </u>	0000114639	
_ , ,	Variable of Hingregistration in Florida.	4.	Document number	
5. (a) .	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of St	 ate:	
			_	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	101 E KINNEAL DWA SI	714 2100	_	220
	<u>lampa</u> , FL	22000		3
(b) _	Stephen Buckley			
	Enter name of NEW Registered Agent and or NEW Registered	Office address:		> [1]
			FLORID FLORID	D 02
	NEW Registered Office Address:			32
	2300 Mic Gregor Blud		-	-
	FI MULLO FIL	33901		
If the lin	nited lightlity company is not organized under the lay	vs of the State of E	— Torida it is baraby of	antirmed that after
the chan	nited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia	the registered office	ce and the business o	office of the registered
was/wer	re authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the limited liabil	ity company or as oth	
	Homan MU Leca,		المام M. We	0000
/-	ire of a member or authorized representative of a member		Printed or typed name	of signee
provisio	y adcept the appointment as registered agent and agreems of all statutes relative to the proper and complete perions of my position as registered agent as provided	performance of mi	v duties. and I am fan	niliar with and accept
to merel notified	gations of my position as registered agent as provided Theflest a change in the registered office address. I h linjwriting of this change.	iéreby confirm tha	t the limited liability	company has been
Signature	of Registered Agent			

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