

Office Use Only

G. MCLEOD

NOV 16 2011

**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ		Y FORT, LLC ed Liability Company		
	Nume of Zimin	2 Zidomiy Company		
Dear S	Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
		•		
ROBERT JAMES JULIA, ESQ				
	Name of Person	·		
PAUL A MCKENNA & ASSOCIATES P.A. Firm/Company				
	. mar company			
ASSO C DIVIE LUCIBMAN CLUTE 400				
1360 S DIXIE HIGHWAY, SUITE 100  Address				
CORAL GABLES, FL 33146				
City/State and Zip Code				
ROBERT@PMCKLAW.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	ROBERT J JULIA at (			
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations P.O. Box 6327		
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	16.14.14.0000, 1.00.14.0000		
Enclosed is a check for the following amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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. N	ame of the limited liability company:	RIKY FORT, LLC.		
2. (a	) Principal office address of limited liability company	C/O ROBERT J JULIA, ESQ		
	(Note: MUST BE STREET ADDRESS)	1360 S. DIXIE HIGHWAY, SUITE 100 CORAL GABLES, FL 33146		
(b	) Mailing address of limited liability company:	C/O ROBERT J JULIA, ESQ		
	(Note: MAY BE POST OFFICE BOX)	1360 S. DIXIE HIGHWAY, SUITE 100 CORAL GABLES, FL 33146		
	11/17/10	L100001 <b>19</b> 925		
3. D	ate of filing/registration in Florida	4. Document number		
5. (	a) Registered Agent and Registered Office shown on t	the records of the Florida Debt. of State:		
	Registered Agent:	ALVARO CASTILLO		
	Registered Office Address:	CASTILLO & ASSOCIATES  1390 BRICKELL AVENUE, SUITE 200  MIAMI, FL 33131		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
	NEW Registered Agent:	ROBERT J JULIA, ESQ.		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PAUL A. MCKENNA & ASSOCIATES P. 1360 S DIXIE HIGHWAY, SUITE 100 CORAL GABLES ,FL33146		
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.				
Signat	ure of a member or authorized representative of a member	_		
SEGUNDO P. CORDOBA				
Printed or typed name of signee				
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 life obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this abdument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.				

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

Signature of Registered Agent