

21000069118

(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:

**A. LUNT**

APR 12 2011

**EXAMINER**

Office Use Only



000227856040

000227856040  
04/11/12--01019--005 \*\*25.00

FILED  
2012 APR 11 PM 2:59  
ALLAHABAD, INDIA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAPP Scrap 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 to the following:

Dustin Rapp  
Name of Person

RAPP Scrap LLC  
Firm/Company

5102 TANGLED DRIVE  
Address

New Port Richey, FL 34652  
City/State and Zip Code

dustinrapp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Rapp at (727) 267-1822  
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

FILED  
2012 APR 11 PM 2:59  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

**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. Name of the limited liability company: RAPP Scrap LLC

2. (a) Principal office address of limited liability company: 5102 TANGELD Drive

(Note: **MUST BE STREET ADDRESS**)

New Port Richey, FL

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 01/14/2011

4. Document number

L11000069118

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Dustin RAPP

Registered Office Address:

5102 Tangelo Drive  
New Port Richey, FL 34652

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Dustin RAPP

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

10420 66th Street North  
Unit 8 and Unit 9  
PINELLAS PARK, FL 33782

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.

[Signature]  
Signature of a member or authorized representative of a member

Dustin RAPP  
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00