## L11000077856

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					





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10/21/16--01018--016 \*\*55.00



OCT 2.4 2015

## **COVER LETTER**

-	tration Section ion of Corporations	· <b>4</b> 3	ч.			
SUBJECT:	Rudis		PUBLICATIONS, L	.در		
Dear Sir or M	ladam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return	all correspondence c	oncerning this matt	er to the following:			
	Name of I	Person				
	Firm/Con		and the desired on the section of th			
801 105TH AVENUE NORTH Address						
NAPLES FL 34108  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
LUIGI	CASSINE Name of Person	در at (	917 847 0720 Area Code & Daytime Telepho	one Number		
Regis Divis Clifto 2661	EET/COURIER AD stration Section ion of Corporations on Building Executive Center Ci- hassee, Florida 3230	rcle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encle	Enclosed is a check for the following amount:					
□ \$2	5 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.

1 10/14	•			
1. Na	me of the limited liability company: RUDIS	LU KE	N Por	BLICATIONS LLC
2. (a)	805 LOSTH AVENUE NORTH	(b)	805	LOSTH AVENUE NOITH
` '	Principal office address of limited liability company:		Mai	ling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			Note: MAY BE POST OFFICE BOX
	NAPLES, FL 34108		MAYL	FS, FL 34108
	•			
	07 06 2011		L 11000	0077856
3.	Date of filing/registration in Florida	4.	De	ocument number
# (-X	LUIGI CASSINELLI			
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida De	ept. of State:	
	805 105 TH AVENUE NORTH		•	
	Registered Office Address (MUST BE FLORIDA STREET A		<del></del>	
	MAPLES ,FL	3410	<u>්රී</u>	<b>₹</b>
				85 N
(b)	LUIGI CASSINELLI			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	<u>\$\$</u> :	
	NEW Registered Office Address:			<b>5</b> • • • • • • • • • • • • • • • • • • •
		RTH		
	801 103 TH AUSNOG 703	1-11		
	, 10.0, TC	341	-3	
	NATCES ,FL	عهد	00	
	mited liability company is not organized under the law			
	nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial			
was/we	ere authorized by an affirmative vote of the members of	f the limite	d liability c	ompany or as otherwise provided in
the arti	cles of organization or the operating agreement of the l			
Ciamat	ure ta member or authorized representative of a member		<u>-0161</u>	CASSINE LLI
_				
nrovici	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete [	nerformani	ce of my dui	ties, and I am familiar with and accept
the obl	igations of my position as registered agent as provided Lyreflect a change in the registered office address, I h	i jor in Che ereby conj	apter 003, F firm that the	limited liability company has been
notified	l'il writing of this Change.	·		
Signatu	re A Registered Agen			

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

INHS18 (2/14)