Division of Corporations Electronic Filing Cover Sheet

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(((H120002085383)))



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LLC REGISTERED AGENT CHANGE FLORIDA RYTES LLC

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C. LEWIS

Electronic Filing Menu

Corporate Filing Menu

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EXAMINER

(((H12000208538 3)))

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:	FLORIDA RYTES LLC	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	14 East Washington Street Suite 406 Orlando, FL 32801	
(b) Mailing address of limited liability company:	22 /	
(Note: MAYBE POST OFFICE BOX)	14 East Washington Street. Suite 406 Orlando, FL 32801	
09/01/11	L11000100613 2 2	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	UCC Filing & Search Services, INC.	
Registered Office Address:	1574Village Square Blvd. Suite 100 TallahasseeFL32309	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	INTERSTATEAGENTSERVICES,LLC	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1540 GLENWAY DRIVE	
	TALLAHASSEE .FL32301	
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 of a member or authorized topresentative of a member.		
	•	
ALEXENGLARD-AUTHORIZEDPERSON Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Dr. if this document is being filed to m address I sureby coupiem t hat the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my auties, osition as registered agent as provided for inversely reflect a change in the registered office my has been notified in writing of this change.	
	ALEXENGLARD- SPECIAL SECRETARY	

Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 FILINGFEE: \$25.00