L1200013H05

(Re	equestor'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:					

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G. MCLEOD

JUN 7 - 2012

EXAMINER



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06/06/12--01014--009 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: RD AMBITION LLC					
	Name of	Limited	l Liab	bility Company	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office (Chang	ge and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this m	atter t	to the following:	
	RYAN J DELAUNE				
	Name of Person				
	RD AMBITION LLC				
	Firm/Company				
	2548 W PALM DRIVE	· · · · · · · · · · · · · · · · · · ·			
	Address				
	TAMPA FL 33629		 		
	City/State and Zip Code				
T I	RDAMBITION@GMAIL.CC)M notificatio	on)		
For fi	urther information concerning this mat	tter, plea	ase ca	all:	
	RYAN DELAUNE	at (_	813		
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		M	MAILING ADDRESS:	
	Registration Section		R	Registration Section	
	Division of Corporations			Division of Corporations	
	Clifton Building			P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		T	Tallahassee, Florida 32314	
	Enclosed is a check for the following	ing amo	ount:	: :	
	\$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. Name of the limited liability company:	RD AMBITION, LLC
2. (a) Principal office address of limited liability compan	y: 5300 W CYPRESS STREET
(Note: MUST BE STREET ADDRESS)	SUITE 250
(1,100)	TAMPA, FL 33607
(b) Mailing address of limited liability company:	5300 W CYPRESS STREET
(Note: MAY BE POST OFFICE BOX)	SUITE 250
(Note: MAII BET OUT OF THOSE BOTY)	TAMPA, FL 33607
01/27/2012	L12000013405
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	·
Registered Agent:	MRS. REBECCA L LARREA
Registered Office Address:	3146 MAPLE ST NE
	SAINT PETERSBURG, FL 33704
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	STHEFFANY M COSTA
NEW Registered Office Address:	2548 W PALM DRIVE
(MUST BE FLORIDA STREET ADDRESS)	Company Company
	TAMPAFL_33629
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	florida street address of the registered office
DVAN I DEL ALINE	
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 plant I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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