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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RAMPA	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte			
JONATHAN STIDHAM Name of Person	<u>, E s Q</u>		
STIDHAM & STIDHAM Firm/Company	, P. A	2023	Sigid
150 E. DAVIDSON	ST	2023 OCT 16	PHASOR OF CORPORATION
City/State and Zip Code	3730	PH 12: 40	PORATES.
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please of	call:		
JONATHAN STIDHAM, ESCHIL	863) 533-0866 Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
·	Tallahassee, FL 32303		
Enclosed is a check for the following amoun S25 Filing Fee	t: □ \$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.

2. (a)	c/o Cherokee Rose	(b) c/c	o Cherokee Rose		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(\(\begin{array}{c}\)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	895 Baptst Camp Road	89:	895 Baptst Camp Road		
	Griffin, GA 30223	Gr	iffin, GA 30223		
	March 16, 2012	L120	000037626		
3.	Date of filing/registration in Florida	4.	Document number	er	
5. (a)	Victor J. Troiano, Esq.				
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREE) 317 S. Tennessee Ave.	TADDRESS)			
	Lakeland	FL_33801		DIVÍSION (2023 OCT	
(b)	Jonathan Stidham, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address	;	NOTARE OF STATE	
	NEW Registered Office Address:			10	
	150 East Davidson Street				
	Bartow i	FL_33830			
change agent v was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registered of liability compa s of the limited	fice and the business offi ny, it is hereby confirme liability company or as o	ice of the registered ed that the change(s)	
C:		Victor J.	Troiano, Esq.		
I here provisi the obi	ture of a member of authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and it writing of this change.	gree to act in the Seeperformance Sed for in Chap I hereby confir	Printed or typed names capacity. I further age of my duties, and I am fater 605, F.S. Or, if this amount that the limited liability	ree to comply with the	