

L12000117013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

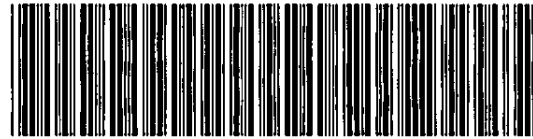
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200258820672

04/14/14--01016--001 **25.00

FILED
14 APR 14 PM 2:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LC
R/ACG
APR 21 2014
R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rickenpat, 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:

Richard Giles

Name of Person

Rickenpat, LLC

Firm/Company

8277 Shadow Pine Way

Address

Sarasota, FL 34238

City/State and Zip Code

rickenpat@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Giles

615

300-7687

at (_____) _____

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

**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. Name of the limited liability company: Rickenpat, LLC
8277 Shadow Pine Way

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Sarasota, FL 34238

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

September 13, 2012

L12000117013

3. Date of filing/registration in Florida 4. Document number
Logalino Corporate Services

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Floor 12

Jacksonville 32207
, FL

(b) Richard Giles

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8277 Shadow Pine Way

NEW Registered Office Address:

Sarasota 34238
, FL

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.

Richard C Giles

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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 of Registered Agent