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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ruby Hill Group 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:

Tony F. Di Ponio

Calhoun & Di Ponio, PLC

29828 Telegraph Road

Southfield, Michigan 48034

City/State and Zip Code

248-228-2200

tdiponio@lawyermich.com

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

For further information concerning this matter, please call:

Tony F. Di Ponio

Name of Person

at (248 ) 228-2200

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

INHS18 (5/08)

## 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. liability company submits the following statement in orderent, or both, in the State of Florida.	508, Florida Statutes, the ler to change its registered	undersigned limited office or registered
1. Name of the limited liability company: Ruby Hill Group LLC	· ·	134
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 21055 NE 37th Avenue #2406 Aventura, Florida 33180	2 2 2
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	21055 NE 37th Avenue #2400 Aventure, Floridg 33180	PR
February 19, 2013  3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D	ept. of State:
Registered Agent:	Alcardo Lozoff	
Registered Office Address:	21055 NE 37th Avenue #2408 Aventure, Florida 33180	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office addre	<u>:5\$</u> :
NEW Registered Agent:	InCorp Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17688 67th Court North	,FL 33470
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fi and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the re cal. Or, in the case of a Pic was/were authorized by an	egistered office orida limited affirmative vote of
Signature of a member or authorized representative of a member	•	
RICARDO LAZORE	•	
Printed or typed name of signes  I hereby accept the appointment as registered agent and an compily with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my post and I am familiar with and accept the obligations of my post Chapter 618, F.S. Or, if this document is heing filed to mer address, I hereby confirm that the limited liability company  Light of Person All Mills of Person		I further agree to nice of my duties, provided for in egistered office of this change.
Signification of Registered Agent Division of Corporations, P.O. Box 632	7, Tallohussee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)