

L13000073601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALAHASSEE FL 32310

AUG 19 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2013

NEIL RINEHIMER  
PO BOX 2339  
JUPITER, FL 33468-2339

SUBJECT: RINEHIMERBAKER, LLC  
Ref. Number: L13000073601

We have received your document for RINEHIMERBAKER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 213A00018926

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: rinehimerbaker, 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:

Neil Rinehimer  
Name of Person

rinehimerbaker, LLC  
Firm/Company

PO Box 2339  
Address

Jupiter, FL 33468-2339  
City/State and Zip Code

monica@rinehimerbaker.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neil Rinehimer at ( 561 ) 529-4633  
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

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TALLAHASSEE, FLORIDA

**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: rinehimerbaker, LLC
2. (a) Principal office address of limited liability company: 4455 Military Trail, Suite 204  
Jupiter, FL 33458  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: PO Box 2339  
Jupiter, FL 33468-2339  
**(Note: MAY BE POST OFFICE BOX)**
3. Date of filing/registration in Florida: 5/20/2013
4. Document number: L13000073601

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

Registered Agent:

Registered Office Address:

Neil Rinehimer

106 Lagrange Ave  
Jupiter, FL 33458

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

4455 Military Trail, Suite 204  
Jupiter, FL 33458  
, 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.

Neil Rinehimer  
Signature of a member or authorized representative of a member

Neil Rinehimer  
Printed or typed name of signer

*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 608, 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.*

Neil Rinehimer  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00