L13000073601

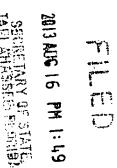
(Requestor's Name)				
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(Bu	siness Entity Nar	me)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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

2013 AUS 16 PM 1: 4

COVER LETTER

Division of Corporations	
	merbaker, LLC
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Neil Rinehimer	· •
Name of Person	
: 1. 1.4	
rinehimerbaker Firm/Company	<u>, LL C </u>
i in a company	
PO Box 233	39
Address	
, _	3468-2339 3968-2339
Jupiter, FL 3	<u>3468-2339</u>
City/State and Zip Code	
monica @ rinehime E-mail address: (to be used for future annual	and the second s
For further information concerning thi	s matter, please call:
Neil Rinehimer	at (561) 5 29 - 4633
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	ollowing 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 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.	Nai	me of the limited liability company:	rinehimerbaker, LLC		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	4455 Military Trail, Suite 204 Jupiter, FL 33458		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 2339 Tupiter, FL 33468-2339		
		5/20/2013 te of filing/registration in Florida	L13000073601		
3.	Dat	te of filing/registration in Florida	1. Document number		
5. (a) R		egistered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	Neil Rinehimen 3		
		Registered Office Address:	Tupiter, FL 33458		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	5		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4455 Military Trail, Suite 204 Tupiter, FL 33458 ,FL		
the the	ibilit e me e op	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise reating agreement of the limited liability company. The of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or		
Pr	inted	Nell Linehime or typed name of signee	-		
		by accept the appointment as registered agent and as with the provisions of all statutes relative to the profess of an ambiguity with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to menss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Si	gnatu	re of Registered Agent			

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