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## **COVER LETTER**

Registration Section
Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: RAPTCACHET, LLC		
	ed 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:	
DANA M. BATTLE  Name of Person		
Name of Person		
RAPTCACHET, LLC	) —	
Firm/Company		
6025 SUN BLVD. # 30	2_	
ST PETERSBURG FL City/State and Zip Code	<u>337/5</u>	
E-mail address: (to be used for future annual report r	notification)	
For further information concerning this matter, please call	:	
DANA BATTLE at (7.  Name of Person	27) 423 - 1453  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:		

☐ \$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.

rioriai	
I. Na	ime of the limited liability company: RAPTCACHET, LLC
2. (a)	Principal office address of limited liability company:  (b) 6025 SUN BLVD., #302  Nailing address of limited liability company:
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ST. PETERSBURG, FL ST. PETERSBURG, FL
	33715 33713
	8-16-2013 LI3000I0994I
3.	Date of filing/registration in Florida 4. Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	13302 WINDING OAK COURT, A BE
	TAMPA FL 336/2 35 = =
(b)	13302 WINDING OAK COURT, A  TAMPA  FL 336/2  DANA M, BATTLE  Enter name of NEW Registered Agent and/or NEW Registered Office address:
,,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	ORDINA 3
	NEW Registered Office Address:
	6025 SUN BLVD. # 302
	ST. PETERSBURG- PL 337-15
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating digreement of the limited liability company.
the arti	cles of organization or the operating agreement of the limited liability company.
Signal	DANA M. BATTLE  fure of a member or authorized representative of a member  Printed or typed name of signee
I herei	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi HE obl to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been

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