Division of Corporations Electronic Filing Cover Sheet

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(((H16000272389 3)))



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To:

Division of Corporations

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From:

Account Name : CHEFFY PASSIDOMO, P.A.

Account Number : I20020000108 Phone

Fax Number

: (239)261-9300 : (239)261-9782

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## REGISTERED AGENT CHANGE RYD INTERNATIONAL, LLC

Certificate of Status	1
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K. SALY

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Registration Section

TO:

## H16000272389 3

## COVER LETTER

Divi	sion of Corporations					
SUBJECT:	RYD International, LLC					
SCECECT.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Chan	ge and	fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter	to the	following:		
Louis D. D	D'Agostino, Esq.					
	Name of Person		<del></del>	_		
Cheffy Pa	ssidomo, P.A.			•		
	Firm/Company	<del></del> -		_		
821 Fifth	Avenue South, Suite 201					
	Address			<b></b> ·		
Naples, F	L 34102					
	City/State and Zip Code	· · · <u>-</u>		<del></del>		
lddagostir	no@napleslaw.com					
E-mail	address: (to be used for future and	ıual repo	rt notifi	cation)		
For further i	nformation concerning this matter	, please e	all:			
Louis D. D	o'Agostino, Esq.	at ( 2:	39	, 261-9300		
	Name of Person		•	Area Code & Daytime Telephone Number		
Reg Div Clif 266 Tall	REET/COURTER ADDRESS: Istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Plorida 32314			
	losed is a check for the following	រូ ឧភាខារា។				
	25 Filing Fee		₩ \$5	is Filing Fee & Certified Copy		
INHS18 (2/1	4)					

## 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.

l.	Na	me of the limited liability company: RYD Internati								
2. (	(a)	15927 Secoya Reserve Circle	(b) 15927 Secoya Reserve Circle							
·	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,		Mailing address of limit (Note: MAY BE PO	ted liability		!	
		Napies, FL 34110	<del></del>		Naples,	FL 34110				
		December 12, 2013		L	_130001	71212				
3. 5.	(a)	Date of filing/registration in Plorida Bjorn Rosinus	4.	_		Document number	r	<del></del>		
<b>J</b> .	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 23190 Fashion Drive								
		Registered Office Address (MUST BE FLORIDA STREET) #203	DDRES	171			i	~		
		Estero , FL	33928			<u>-</u>	2016 NOV -3 SECRETARY TALLAHASSI			
ſb	(b)	Louis D. D'Agostino, Esq.				_	EURETARY OF STAIL LLAHASSEE, FLORID	0 √ NO		
	` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	333 5,7,0	₩.	П	
		Cheffy Passidomo, P.A.				t	FSI,	AMIC 2	C	
		NEW Registered Office Address:	_			_	)RIC	21		
		821 Fifth Avenue South, Suite 201		5						
		Naples, FL	34102	2		_				
the age was	cha nt w s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reg obility of of the lu	reig cón mi	tered offic mpany, it i ted liabilit	te and the business of the second confirmed to company or as of	office of t I that the	the regis change(s	stered s)	
			Ar	nd	rey Doro	shenko, Manag		ıyak, L	LC_	
		ure of a member of authorized representative of a member		<u>.</u>		Printed or typed name	•			
pro the	obl.	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if you will not a change in the registered office address, I is writing of this change.	ee to ai perform d for in hereby	ct ma C co	in this cap ince of my hapter 60 nfirm that	pacity. I further agr duties, and I am fa S.F.S. Or, if this d the limited liability	ree to com miliar wi ocument i v compan	iply with th and a is being y has be	h the iccept filed en	
Sig	mart	e of Registered Agent								

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