L14000028226

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CM. 7/31/14

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.

I. Na	me of the limited liability	company: RA	MGAD ENT	ERP	RISE	S, LLC	
2. (a)				_ (b)		
	Principal office addres	s of limited liability E STREET ADDR	• •			_	ss of limited liability company: Y BE POST OFFICE BOX)
	2418 N MIAMLAVE			Qd.	24	HB N MIAMLAY	
		Miami. Fl		<u>,</u> ru.		MH, FL 33127	
		1110011171	<u> </u>	-			111101111111200
	02/18/2014	~			L140	000028226	
3.	Date of filing/re	gistration in Flo	rida	4.		Document	number
5. (a)	GEORGE, ANTHON	Y D, JR					
. (a)	Registered Agent and Register	ed Office shown on	the records of th	e Florida	Dept.	of State:	
	ANTHONY D. GEOR	RGE, JR., P.A	٦.				
	Registered Office Address	MUST BE FLOR	IDA STREET AL	DDRESS	2		
	759 S FEDERAL H	VY - STE 204	1				×
	Stuart		•	34994			1 2 3
	- Ctourt		, FL_				
(b)	Dagmar Del Rosal						\$3.7
(0)	Enter name of NEW Register	ed Agent and/or NI	EW Registered C	Office ad	dress:		
							- 10년 교 - 교
	\		2060 1	JE	120	oth Rd.	(5 0)
	NKW Registered Office Addr	ess:				-	<u> </u>
	2418 N MIAMI AVE		miami	F	ا ر_	<u> 33</u> 181	
_	Mi ami —			1			
	риненти -	<u> </u>	, FL_3	3127			
he cha gent w vas/we	nge or changes are made, vill be identical. Or, in the	the Florida stree case of a Flori native vote of th	et address of the da limited liable members of	he reginate he reginate he	stered ompar iited li iabili	office and the buny, it is hereby co iability company	nereby confirmed that after usiness office of the registere of the registere of the change(s) or as otherwise provided in
Signa	ure of a member of acceptant	ans centative of a r	nember		9.7.		ped name of signee
I heret provisio he obli o mere potifiea	by accept the appointment ons of all statutes relations igations of my position as ly reflect a change in the I in writing of this change	as registered a to the proper a registered agen registered offic	gent and agreend complete put as provided enddress, I he	e to act erform for in (ereby co	in thi ance c Chapte onfirn	is capacity. I fur of my duties, and er 605, F.S. Or, i n that the limited	ther agree to comply with the I am familiar with and accep if this document is being filed liability company has been
	// ///	/1					

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

INHS18 (2/14)

COVER LETTER

	egistration Section ivision of Corporations		111VII 3335 14				
SUBJEC*	RAMGAD ENTERPRISES	S, LLC	SAHA I III				
		ame of Limited Liability Company					
Dear Sir c	or Madam:		AM 5:				
The enclo	sed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	50 RIDA				
Please ret	urn all correspondence concerning	this matter to the following:					
Dagmar	Del Rosal Name of Person	Dagmar Del Rosal					
	Firm/Company	Langad Enterprises,	LLC				
2418 N	MIAMI AV.E	2060 NE 120th Rd.					
MIÂMI,	FL 33127 City/State and Zip Code	miami, FL 33181					
downtov E-m	wntowing@comcast:net ail.address: (10 be used for future a	timdelrosal@gmail nnual report notification)	. com				
For furthe	er information concerning this matter	er, please call:					
Dagmar	Del Rosal	305 333-6733					
	Name of Person	Area Code & Daytime Telephone	Number				
R D C 20	rreet/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
Z	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
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