

L15000004217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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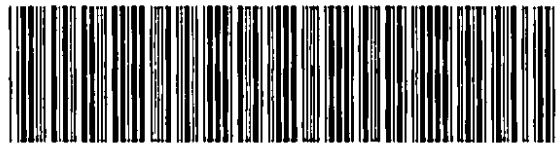
(Business Entity Name)

(Document Number)

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AND  
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2019 APR 10 PM 4:00

CLERK OF STATE  
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T.S.  
04/16/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**R. R. P. METTA, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**JOSE LORENTE**

\_\_\_\_\_  
Name of Person

**R. R. P. METTA, LLC**

\_\_\_\_\_  
Firm/Company

**244, Biscayne BLVD, 2403**

\_\_\_\_\_  
Address

**Miami, Florida, 33132**

\_\_\_\_\_  
City/State and Zip Code

**jarlorente@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOSE LORENTE** **786** **577 5293**  
\_\_\_\_\_  
Name of Person at ( ) 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

APPROVED  
AND  
FILED  
2019 APR 10 PM 4:00  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**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.*

**R. R. P. METTA, LLC**

1. Name of the limited liability company: \_\_\_\_\_  
2. (a) 1805, PONCE DE LELEON BLVD, SUITE 500 (b) 244, Biscayne Blvd, 2403

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FLORIDA, 33134

Miami, Florida, 33132

01/08/2015

L15000004217

3. Date of filing/registration in Florida 4. Document number

Ramirez, Manuel A, Esq

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1805 PONCE DE LEON BLVD, SUITE 500

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Coral Gables,

33134

, FL

JOSE LORENTE

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

244, Biscayne Blvd, 2403

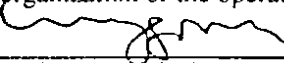
**NEW** Registered Office Address:

Miami,

33132

, 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.

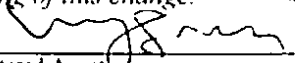


**JOSE LORENTE**

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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 605, 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.*



Signature of Registered Agent

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

APPROVED  
AND  
FILED  
2019 APR 10 PM 4:00  
TALLAHASSEE, FL