## 5000206197

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## COVER LETTER

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INHS18 (2/14)

TO: Registration Section Division of Corporations	·
SUBJECT: Ring Voi P. I	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Marieva Hiraldo Name of Person	
Ring VOIP, LLC Firm/Company	<del></del>
2045 Schb Jay Rd Address	
Rpopka FL 32703 City/State and Zip Code	
Osmar frentes @ gmail. Co E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Mancia Hiraldo	at (407 ) 917-5271
Name of Person	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

## 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.

1. N	ame of the limited liability company:Ring Vo	oip LLC	
2. (a)	_2045 ScNb_Tay Rd	(b) 2045 Senb Truj Rd	
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:
	13pg2ka F1 30703		
	12/10/2015	L 15 000 20 6197	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	United States Corporation Agen	nts, Inc.	
. ,	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:	
	13302 Winding Dak Court		
	Registered Office Address (MUST BE FLORIDA STREET)	'ADDRESS)	
	Suite A	7.5 <b>2</b>	
	Tampa, FL	L 33612	ח
(b)	Maneua Hiraldo	23 ASS	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	2045 Sembjay Rd	JUL 23 PM 3: 23 d Office address:	U
	NEW Registered Office Address:		
		<del></del>	
	Apopka, FI	L_320C3	
If the 1	limited liability company is not organized under the lay	ws of the State of Florida, it is hereby confirmed that af	<b>.</b>
the cha	ange or changes are made, the Florida street address of	of the registered office and the business office of the regi	stered
was/w	ere authorized by an affirmative vote of the members of	iability company, it is hereby confirmed that the change of the limited liability company or as otherwise provide	(s) d in
the art	icles of organization or the operating agreement of the	e limited liability company.	<b>u</b> ,,,,
	iture of a member or authorized representative of a member	Osmar A. Fuents  Printed or typed name of signee	
		<b>2.</b>	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, [] d in writing of this change.	tree to act in this capacity. I further agree to comply will be performance of my duties, and I am familiar with and the performance of my duties, and I am familiar with and the for in Chapter 605, F.S. Or, if this document is being the hereby confirm that the limited liability company has be	th the accept gfiled een
_ /	leduciel		
Signatu	ire of Registered Agent		