

L16000095966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

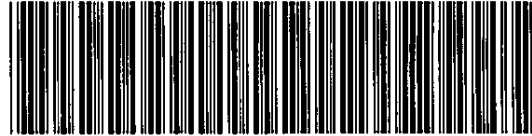
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/16--01003--001 **25.00

FILED

JUN 27 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 29 2016

Ruby's of Boca
8221 Glades Road
Boca Raton, FL 33434

To Whom it may concern:

Please remove Pedro Fuentes from the LLC, Ruby's of Boca.

Please add Angelice Fuentes as the Treasurer.

Please assign the Registered Agent to myself, Alexandro Fuentes.

Enclosed with this letter is the State Request Form and Check # 106 for the Filing fee.

Any concerns please feel free to contact me at (561) 313-1813 or send any corresponding emails to RubysOfBoca@gmail.com.

Regards,



Alexandro Fuentes

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ruby's of Boca

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:

Alexandro Fuentes

Name of Person

Ruby's Of Boca

Firm/Company

8221 Glades Road

Address

Boca Raton, Florida 33434

City/State and Zip Code

rubysoboca@gmail.com

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

For further information concerning this matter, please call:

Alexandro Fuentes

at (561) 3131813

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. Name of the limited liability company: Ruby's of Boca

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

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

5. (a) Pedro Fuentes
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Pedro Fuentes

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8221 Glades Road
Boca Raton, FL 33434

(b) Alexandro Fuentes
Enter name of NEW Registered Agent and/or NEW Registered Office address:


NEW Registered Office Address:

_____, 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.

 Pedro Fuentes
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

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2018 JUN 27 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA