

L16000110292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

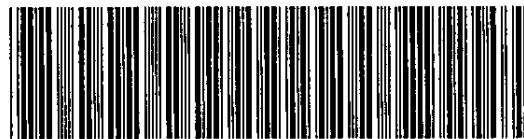
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304128833

10/05/17--01030--028 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT -5 AM 10:29

M. MILLIGAN

OCT - 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RR Buisness Solutions LLC

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:

Roberto Ramos

Name of Person

RR Business Solutions LLC

Firm/Company

919 Hillscresc Dr. Apt 614

Address

Hollywood, FL 33021

City/State and Zip Code

laborposterservices@gmail.com

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

For further information concerning this matter, please call:

Roberto Ramos

954

6820497

at (_____) _____

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: RR Business Solutions LLC
2. (a) 919 Hillcrest Dr. apt 614
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Hollywood, FL 33021
- (b) 919 Hillcrest Dr. apt 614
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Hollywood, FL 33021
3. 6/7/2016
Date of filing/registration in Florida
4. 81-2894485
Document number
5. (a) Roberto Ramos
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
530 N. 20th Avenue 9
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Hollywood, FL 33020
- (b) Roberto Ramos
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
919 Hellcrest DR apt 614
NEW Registered Office Address:
Hollywood, FL 33021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT -5 AM 10:29

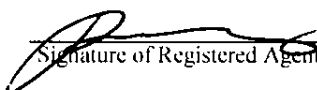
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Roberto Ramos

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