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### COVER LETTER

TO: **Registration Section Division of Corporations** 

Rams Retail LLC Name of Limited Liability Company SUBJECT:

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:

Anthony Ram Name of Person Rams Retail LLC Firm/Company

10525 Jepson St

Orlando, Florida 32825 City/State and Zip Code

<u>Anthony@rams retail.Com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Anthony Ram</u> Name of Person at (<u>407</u>), <u>480 - 0807</u> 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:



\$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. Nam	e of the limited liability company:	Re	tail LL	_C		
	Rams Retail LLC	_ (b	, Ram	s Retail	LLC	
2. (u) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	-	ited liability company: DST OF <u>FICE BOX</u> )	
	0525 Jepson St		0525	Jepson S	5e	
	Drlando, Florida 32825	_	Driando	Florida	32825	
	09/19/2016		L160001	74705		
3. —	09/19/2016 Date of filing/registration in Florida	4.		cument numbe		
5. (a) R	LEGALCORP Solutions LLC Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
- Ի	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>		20	
	3440 W Horrywood Blud Suite	415	_		19 Of	
-	HonywoodFL		021		· · · · · · · · · · · · · · · · · · ·	
	Anthony Ram				Э. РН 1:02	
E	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>(17658</u> :		) : 02	
Ī	NEW Registered Office Address:					
-	10525 Jepson St					
-	OrlandoFI.	328	25			
the chan agent wi was/wer the articl	nited liability company is not organized under the lay ge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the	the regulation ability co of the lim	stered office ar ompany, it is he nited liability co liability compa	id the business creby confirmed ompany or as o ny.	d that the change(s) therwise provided	erec )
 Signatu	thous Runner of a member		Hrlthong Pr	Kam inted or typed nan	ne of signee	
Lhanah	v accept the appointment as registered agent and age ns of all statutes relative to the proper and complete vations of my position as registered agent as provide.	ee to ac perform d for in (	t in this capaci cance of my dut Chapter 605, F	ty, I further ag ies, and I am fa .S. Or, if this c	gree to comply with amiliar with and ac document is peing f	the cep filed

Thereby accept the appointment as registered agent and agree to det in this coputer, and I am familiar with and accept 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.

th Authours

Signature of Registered Agent

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

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