

(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section Division of Corporations

RALPHH LLC SUBJECT:	RALPHHILC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
RALPH HORN				
Name of Person				
Firm/Company	<del></del>			
10845 SNAPPER CREEK ROAD				
Address				
CORAL GABLES, FL 33156				
City/State and Zip Code				
RALPH@BRIDGELOANINVESTORS.COM	И			
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plea	ase call:			
RALPH HORN	305 722-7222			
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 ame	ount;			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

## , 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGE LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State-Florida.

1. 1	Name of the limited liability company:	LLC	
2. (a)	)	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	: 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ATRIUM REGISTERED AGENTS, INC.		
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of S	State:
	8950 SOUTHWEST 74TH COURT		
	Registered Office Address (MUST BE FLORIDA STRE	EET_ADDRESS)	2011
	SUITE 1901		
	МІАМІ	, FL_33156	2017 DCT -3
	DANIELA J. HORN		THE PER L
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:	2:4
	10845 SNAPPER CREEK ROAD		The second secon
	NEW Registered Office Address:		
	CORAL GABLES	, <sub>FL</sub> _33156	
the ch agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered off ed liability company, i ers of the limited liab	ice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Ç:	ature of a member or authorized representative of a member		Printed or typed name of signee
I hero provis the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.	l agree to act in this c lete performance of n vided for in Chapter 6 s, I hereby confirm th	anacity. I further agree to comply with the

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

Signature of Registered Agent