| LIFCOCC | 11564 |
|--|--------------------------|
| (Requestor's Name) (Address) (Address) | 300333639353 |
| (City/State/Zip/Phone #) | 03/03/1901013028 ++25.00 |
| Certified Copies Certificates of Status | 19 SEP -3 AII CH |
| Office Use Only | S. YOUNG |

TO: Registration Section Division of Corporations

Ryesse Enterprises LLC

SUBJECT:

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:

Jesse Vermillion

Name of Person

Firm/Company

3454 S Bentley Ave

Address

Los Angeles, CA 90034

City/State and Zip Code

jessevermillion@gmail.com

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

For further information concerning this matter, please call:

| Jesse Vermillion | 661 406-3310 |
|------------------------------|--------------------------------------|
| | _ at () |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

Enclosed is a check for the following amount:

2 \$25 Filing Fee

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

| r_{1} | ortaa | Ryesse Enterp | orises L | LC |
|---------------------------|--|--|--------------------------------------|--|
| 1. 2. | Na (a) | me of the limited liability company: 190 21st Ave N, St Petersburg, FL 33704 Principal office address of limited liability company | (b) | 190 21st Ave N, St Petersburg, FL 33704 Mailing address of limited liability company: |
| | | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) |
| | | 01/13/2017 | I | L17000011564 |
| 3. 5. | (a) | Date of filing/registration in Florida Monique Vermillion | 4. | Document number |
| | | Registered Agent and Registered Office shown on the records of the 2440 Quail Terrace, Port Charlotte, FL 33981 | | Dept. of State: |
| | | Registered Office Address (MUST BE FLORIDA STREET AD | DDRESS) | SEP - 3 |
| | | , FL | | · · · · · · · · · · · · · · · · · |
| | <i>.</i> | Jeffrey Vermillion | | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> |)ffice addr | ress: 20 |
| | | 190 21st Ave N, St Petersburg, FL 33704 | | |
| | | <u>NEW</u> Registered Office Address: | | |
| | | , FL | | |
| th ag wa | e cha ent w as/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist sility con the limit | tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted hability company or as otherwise provided in |
| | | ure of member or authorized representative of a member | | Jesse Vermillion on behalf of Ryesse Enterprises LLC |
| T pr th to nc | herel ovisi e obli mere tifica | ure of member or authorized representative of a member on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he fin writing of this change. | | |
| | | | | |

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

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