

L170000 604 12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

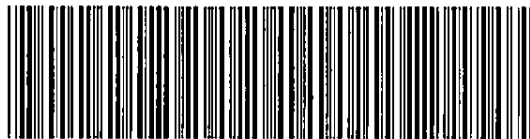
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SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 JUL 17 AM 10:59

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rib City Immokalee, 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:

Barbara Peden

Name of Person

Rib City Group

Firm/Company

6830 Shoppes at Plantation Drive #2

Address

Fort Myers, FL 33912

City/State and Zip Code

bpeden@ribcity.com

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

For further information concerning this matter, please call:

Barbara Peden

239

275-6700

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2024 JUL 17 AM 10:59  
SECRET  
TALLAHASSEE, FL

**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: Rib City Immokalee, LLC

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)

621 N. 15th Street  
Immokalee, FL 34142

6830 Shoppes at Plantation Drive

Fort Myers, FL 33912

3-16-2017

L17000060412

3. Date of filing/registration in Florida

4. Document number

5. (a) Dina Green

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6830 Shoppes at Plantation Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33912

(h) Barbara Peden

Enter name of NEW Registered Agent and/or NEW Registered Office address:

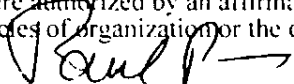
6830 Shoppes at Plantation Drive #2

NEW Registered Office Address:

Fort Myers, FL 33912

2024 JUL 17 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, 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.



Paul Peden

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

Barbara A. Peden

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00