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(Requestor's Name)					
(Add	ress)				
(4.1.1					
(Address)					
(City)	/State/Zip/Phon	e #)			
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(Doc	ument Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Rib City Planto	ed Liability Company			
	ed 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:			
	200			
Barbara Peden				
Name of Person	2024 JUL 17			
Dik City Cours				
Rib City Group				
Firm/Company				
6830 Shoppes at Plantation Drive #2				
Address				
Fort Myers, FL 33912				
City/State and Zip Code				
bpeden@ribeity.com				
E-mail address: (to be used for future annual report r	notification)			
For further information concerning this matter, please call	:			
Barbara Peden 239	275-6700			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	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			

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. Na	me of the limited liability company: Rib	City	<u>Planto</u>	action, L	<u>lc</u>	
2. (a)		(b)			
_ , , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tailing address of lit t <u>Note: MAY BE I</u>		
	6830 Shappes at Plantatio	<u>v P</u> c	6830 Shopp	oes at Plantation E	Orive	
	Fort Myers, FL 33912		Fort Myers	. FL 33912		
	3-16-2017	 -	LIT	2000	<u>600</u>	.83
3.	Date of filing/registration in Florida	4.	1	Document numb	er	
5. (a)	Dina Green					
	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State	:	SS COL	207
	6830 Shoppes at Plantation Drive		.CS	25		
	Registered Office Address	ET ADDRESS,	!			9024 JUL 17
	Fort Myers	FL_33912			20 T	10 : H NV
(b)	Barbara Peden				100 100 100 100 100	10 :T
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	lress:		·	
	6830 Shoppes at Plantation Drive #2					
	NEW Registered Office Address:					
	Partition	22012				
	Fort Myers	FL				
change agent w was/we the artic	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member less of organization or the operating agreement of the control of t	he registered liability consists of the limited li-	d office and npany, it is ted liability ability comp	the business off hereby confirme company or as	fice of th ed that th	e registered le change(s)
	aul r-	Paul ———	Peden	D		
I hereb provision the oblit to mere notified	are of a member or authorized representative of a member by accept the appointment as registered agent and a grations of all statutes relative to the proper and comple grations of my position as registered agent as providive reflect a change in the registered office address, in writing of this change. The property of the property of the change of Registered Agent	igree to act le performa ded for in C I hereby co.	in this capa	Printed or typed na city. I further as uties, and I am f F.S. Or, if this he limited liabili	eree to c	omply with the