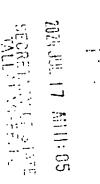
L170000 63768

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ac | idress) | |
| | | |
| (Ac | idress) | |
| | | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



07/17/24--01021--013 **25.00



COVER LETTER

| | Registration Section Division of Corporati | ons | | | | |
|--|---|----------------|--|-------------|-------------------------|------------------|
| SUBJEC | T: Rib | City | S. B. | <u>, LL</u> | <u>.c</u> | . <u>.</u> |
| | | | Name of Lir | nited Lia | bility Company | |
| Dear Sir o | or Madam: | | | | | |
| The enclo | osed Registered Ager | nt/Registered | l Office Chan | nge and f | ee(s) are submitted for | tiling. |
| Please ret | turn all corresponden | ce concernii | ng this matter | r to the fo | ollowing: | |
| Barbara P | ² eden | | | | | |
| | Name | of Person | | | <u> </u> | |
| Rib City C | Group | | | | | |
| | Firm/ | Company | | | _ | 10 TE |
| 6830 Shop | ppes at Plantation Driv | e #2 | | | | RET. |
| | Add | iress | | | | |
| Fort Myer | rs, FL 33912 | | | | |) () () |
| | City/State | and Zip Co | ode | | _ | <u> </u> |
| bpeden@r | ribeity.com | | | | | |
| E-m | nail address: (to be us | sed for future | e annual repo | ort notific | ation) | |
| For furthe | er information conce | rning this ma | atter, please c | :all: | | |
| Barbara P | eden | | 2. at (| 39 | 275-6700 | |
| | Name of Pers | on | | | 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 | | | |
| E | Inclosed is a check f | or the follo | wing amount | t: | | |
| | \$25 Filing Fee | | ☐ \$55 Filing Fee & Certified Copy | | | |

 $(e_{i,j}) = \underbrace{e_{i,j}}_{i \in \mathcal{N}_i} (X_i)$

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.

| L. Na | ame of the limited liability company: | City | 5.8 | S., LLC | o ✓ | |
|-------------------------------|---|--|--|--|--|------------------|
| 2. (a) | , , , ===== | (b) | | • | | |
| 4. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ``` | (Note: MAY BE | limited liability cor | |
| | 80 W. Hancock Bridge Pl | حسح | | pes at Plantation | Drive | |
| | Cape Coral, FL 33991 | | Fort Myers | , FL 33912 | | |
| | 3-16-2017 | | 1 170 | 00006 | 2768 | |
| 3. | Date of filing/registration in Florida | — _{4.} – | | Document nun | | |
| 5. (a) | Dina Green | | | | | |
| J. (d) | Registered Agent and Registered Office shown on the records o | f the Florida I | Dept. of State | - : : | | |
| | 6830 Shoppes at Plantation Drive | | | | | |
| | Registered Office Address | ADDRESS) | | • | 20 S | |
| | | | | _ | 25. 25. | |
| | Fort Myers | 33912 | | | 三百 年 | • ' |
| | | 1 | | - | | |
| (b) | Barbara Peden | | | _ | | • |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office add | ress: | | | • #5" |
| | 6830 Shoppes at Plantation Drive #2 | | | | 11 OS | |
| | NEW Registered Office Address: | | • | | | |
| | Fort Myers | L 33912 | | | | |
| | , F | L | | - | | |
| change agent v was/we | imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e registered iability com of the limit | office and openion of the office of the offi | I the business of hereby contired company or a | office of the regi- ned that the char | stered ige(s) |
| (| Social Veden | Paul F | Peden | | | |
| _ | ture of a member or authorized representative of a member | | | Printed or typed a | - | |
| provisi the obl to mere | by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change, | e performan | ice of my a | luties, änd Lam | i familiar with a | nd accent |
| _B | re of Registered Agent | | | | | |