L17000065656

(Requestor's Name)				
(Address)				
·	,			
(Address)				
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(D., e.)	a a a Caller No.			
(Busi	ness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Fi	ling Officer:			
<u> </u>				





100433236651

07/17/24--01021--014 **25.00

2024 JUL 17 AH II: 05 SECKE MANY CLEAN A

COVER LETTER

Division of Corporations		
SUBJECT: Rib City No	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Barbara Peden		
Name of Person		
Rib City Group	33.	
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 annu	al report notification)	
For further information concerning this matter, p	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 a	umount:	
■ \$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	ame of the limited liability company: Rb	City	141	LLC
3 (a)		,		
2. (a)	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13181 N. Cleveland Ave	nue	6830 Shop	pes at Plantation Drive
	North Fort Myers, FL 33		Fort Myers	s, FL 33912
	3-17-2017		LI	1000065656
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Dina Green			
2. (4)	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State	- v:
	6830 Shoppes at Plantation Drive			
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS	7	-
				r
	Fort Myers	_, FL_33912		SECULTALLASS.
(b)	Barbara Peden			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office ad	<u>dress</u> :	
	6830 Shoppes at Plantation Drive #2			
	NEW Registered Office Address:			- <u> </u>
		13013		-
	Fort Myers	_, FL		-
change agent v was/we the acti	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membioles of organization or the operating agreement of	f the registere ed liability co ers of the lim f the limited li	ed office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signa	fure of a member or authorized representative of a member	-		Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ly reflect a change in the registered office addres I in writing of this change.	l agree to act olele performa vided for in C ss. I hereby co	in this cape ince of my c hapter 605 infirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
	ulare a Peden	_		
Signatu	re of Registered Agent			