L17000 137015

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
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Office Use Only



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COVER LETTER

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | |
|------------|--|---------------------|--|
| SUBJ | Ridge Harbor, LLC | | |
| | | Name of Limited | d Liability Company |
| Dear S | Sir or Madam: | | |
| The e | nclosed Registered Agent/Registered | Office Change a | and fee(s) are submitted for filing. |
| Please | return all correspondence concernir | ng this matter to t | he following: |
| James | Michael Ryan, Jr. | | |
| | Name of Person | | |
| Ridge | Harbor, LLC | | , E |
| | Firm/Company | | |
| 38885 | Washingtonloop Rd | | - JUL 12 |
| | Address | | |
| Punta | Gorda, Fl 33982 | | SECRETARY OF STATE |
| | City/State and Zip Co | de | |
| jimrya | n19650313@gmail.com | | |
| | E-mail address: (to be used for future | annual report no | otification) |
| For fu | rther information concerning this ma | itter, please call: | |
| James — | Michael Ryan, Jr. | 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 follow | ving 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. N | ame of the limited liability company: | .C | | |
|-------------------------------------|--|---|---|--|
| 2. (a) | Ray, Thomas C | (| o) | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 39021 Washingtonloop Rd. | | o) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 37021 Washingtointoop Rd. | | | |
| | Punta Gorda, Fl 33982 | | | |
| | 06/23/2017 | | L1700013 | 7015 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Ray, Thomas C | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florid | a Dept. of St | ate: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u> </u> | 20% |
| | 39021 Washingtonloop Rd | ADDILLO | <u></u> | 2021 JUL SECRES |
| | Punta Gorda , FI | 33982 | | - A 12 · · |
| | James Michael Ryan, Jr. | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office ac | ldress: | |
| | Joshua Mitchell Ryan | | | |
| | NEW Registered Office Address: | | -, | _ |
| | 38885 Washingtonloop Rd. | | | _ |
| | Punta Gorda , FI | 33982 | | |
| change agent was/w the art | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the litere of a member or authorized representative of a member or authorized representative of a member library accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide the profess of a change in the registered office address, I | e register ability co of the lin limited | ed office a ompany, it nited liabil liability co | ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Social Printed or typed name of signee |
| notifie | ely reflect a change in the registered office address, I do writing of this change. | пегеву с | onjirm tha | i ine umuea uabuity company has been |