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## **COVER LETTER**

TO: Registration Section Division of Corporations

INHS18 (2/14)

SUBJECT:	EMBROJO PRODUCTIO	JN, LL(	,	
	Nan	ne of Lin	nited Li	ability Company
Dear Sir or Ma	dam:			
The enclosed F	Registered Agent/Registered Off	ice Char	nge and	fee(s) are submitted for filing.
Please return a	ll correspondence concerning th	is matter	r to the f	following:
BETTY BEN	NETT			
•	Name of Person			<del>_</del>
EMBRUJO I	PRODUCTION, LLC			
	Firm/Company			<del></del>
1073 HUNT	ING LODGE DR.			
	Address			
MIAMI SPR	INGS, FL 33166			
	City/State and Zip Code			
bettyscript@	gmail.com			
E-mail ac	dress: (to be used for future and	ual repo	rt notifi	ication)
For further info	ormation concerning this matter	, please o	call:	
BETTY BEN	INETT	at (	954	234-7888
	Name of Person			Area Code & Daytime Telephone Number
Registi Divisio Clifton 2661 E	etr/Courier address: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301		Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Enclos	sed is a check for the following	g amoun	t:	
☑ \$25	Filing Fee		<b>□</b> \$5	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:	RUJO PROD	UCTION	I, LLC			
2. (a)			)				
21 (u) ,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)  1073 HUNTING LODGE DR.			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  JNTING LODGE DR.			
	MIAMI SPRINGS, FL 33166	· · · · · · · · · · · · · · · · · · ·		SPRINGS, FL			
	10/12/2017	<del> </del>	L17000	0211644			
3.	Date of filing/registration in Florida WOLFE, RICHARD C	4.		Document num	ber		
5. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STE 175 SW 7TH STREET 2410	REET ADDRESS	2	_	ZDIB TALL TALL	,	
	MIAMI	33130 _, FL		<del></del>	GRETARY		
(b)	GOLDBERG, SCOTT M, ESQ.				1 7 6 7 7	FIL	
(0)	Enter name of NEW Registered Agent and/or NEW Reg	istered Office ad	dress:	_	PM 12: 42 DF 3 IGTE FLORIDE	m D	
	NEW Registered Office Address: 2295 S HIAWASSEE RD, SUITE 405			<del></del>	The No		
	ORLANDO	32835 . FL					
the cha agent v was/we the art	imited liability company is not organized under ange or changes are made, the Florida street addrived by an affirmative vote of the memicles of organization or the operating agreement	ress of the regi- ited liability co- bers of the lim of the limited Bet	stered offic ompany, it nited liabili liability co	ce and the busine is hereby confirmity company or as mpany.  ett, as Manage	ess office of the med that the cha s otherwise prover	registered nge(s)	
	ature of a member or authorized representative of a member			Printed or typed r	-		
I here provisi the obtention mer notifie	by accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addr d in writing of this change	nd agree to ac nplete perform rovided for in ( ress, I hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further y duties, and I an )5, F.S. Or, if thi it the limited liab	agree to comply 1 familiar with a is document is b ility company ho	with the accept accept the second accept acc	
Signati	fre of Registered Agent	<del></del>					

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00