

L180000 10573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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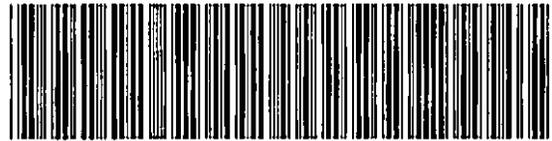
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Seven Ripples, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited 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:

Richard L. Brooks II, Esq.

\_\_\_\_\_  
Name of Person

St. Augustine Law Group, P.A.

\_\_\_\_\_  
Firm/Company

2740 US Highway 1 South

\_\_\_\_\_  
Address

St. Augustine, FL 32086

\_\_\_\_\_  
City/State and Zip Code

rich@staugustinelawgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Newton

904

990 - 7777

\_\_\_\_\_  
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 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.

Seven Ripples, LLC

1. Name of the limited liability company: Seven Ripples, LLC  
7 Lighthouse Ave., St. Augustine, FL 32080 180 Patton Mountain Rd., Asheville, NC 28804

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
180 Patton Mountain Rd., Asheville, NC 28804  
(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida Registered Agents, Inc. 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4th St. N., STE. 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
St. Petersburg 33702  
, FL

St. Augustine Law Group, P.A.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

2740 US Highway 1 South

NEW Registered Office Address:

St. Augustine 32086  
, FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DocuSigned by  
Pilar Hartmann  
Signature of a member or authorized representative of a member

Pilar Hartmann  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Attorney-in-Fact  
Signature of Registered Agent