118000053499

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Ci	ty/State/Zip/Phon	le #)				
PICK-UP	TIAW	MAIL				
(Business Entity Name)						
(Do	cument Number)				
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
!						

Office Use Only



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03/14/18--01011--005 **25.00

2018 MAR IL AM II: OS PALLAHASSEF STATE

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	RE Products LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	iclosed Registered Agent/Registered Office	Change and for	ee(s) are submitted for filing.			
Please	return all correspondence concerning this n	natter to the fo	ollowing:			
Ranis	s Eizen					
	Name of Person					
RE P	roducts LLC					
	Firm/Company		_			
6 Car	riage Hil Cir					
	Address		_			
Cass	elberry FL 32707					
•	City/State and Zip Code		-			
ranis.	eizen@gmail.com					
E	-mail address: (to be used for future annual	report notific	ation)			
For fu	rther information concerning this matter, ple	ease call:				
Ranis	Eizen	847 at (363-4936			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		stration Section sion of Corporations			
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	shassee, Florida 32314			
	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.

1.	Na	me of the limited liability company:	LLC		
2. (a)	6 Carriage Hill Cir	(1	6 Carri	age Hill Cir
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''	,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Casselberry, FL 32707		Cassel	berry, FL 32707
		02/28/2018		L180000)53499
3.5.	(a)	Date of filing/registration in Florida Ranis Eizen	4.		Document number
J.	(4)	Registered Agent and Registered Office shown on the records of 936 Town Hall Ave	the Florid	a Dept. of Sta	ite:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>S)</u>	_
		Jupiter, FI	33458		2018 MAR 14 SEUKETARY TAI LAHASSE
(b)	h)	Ranis Eizen			MAR AHAT
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSE
		6 Carriage Hill Cir			MAR IL AM II: 05 CHETARY OF STATE AHASSEE, FLORIDA
		NEW Registered Office Address:): 05 RIO,
		Casselberry FI	32707		_
the ager	cha nt w /we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regi iability co of the lin e limited	stered officompany, it nited liabil liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
-Si	رر gnat	ure of a member or authorized representative of a member	Hai	nis Eizen	Printed or typed name of signee
prov the to to m noti	visi obli iere fiez	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in synting of this change.	ree to ac. performed for in (hereby c	t in this ca ance of m Chapter 60 onfirm tha	nacity. I further garge to comply with the
Sign	atuj	of Registered Agent	D (222		