## L18000119453

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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10/19/26--01020--625 \*\*25.00

NOV 1 9 2020 S. YOUNG



## COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	RTA Cabinets of Stuart, LLC					
Name of Limited Liability Company						
Dear S	iir or Madam:					
The er	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to the t	following:			
Scott F	С. Арр					
	Name of Person		_			
RTA C	abinets of Stuart, LLC					
<del></del>	Firm/Company		<del>_</del>			
9640 P	arkview Ave					
	Address		_			
Boca l	Raton, FL 33428					
	City/State and Zip Coc	le	_			
admin(	@rtacabinetsofstuart.com					
H	-mail address: (to be used for future	annual report notifi	cation)			
For fu	ther information concerning this mat	ter, please call:				
Scott F	t. Арр	561 at (	542-7470			
	Name of Person	(	Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	□ \$5	5 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:	of Stuart, L	.LC			
2. (a)	Submitted change on 10/11/2020	(	(b) Submitted change on 10/11/2020			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	s of limited liability co	
	9640 Parkview Ave		96	40 Parkview Ave		
	Boca Raton, FL 33428		Во	ca Raton, FL 33428		
	5/14/2018		1.180	000119453		
3.	Date of filing/registration in Florida	4.		Document n	umber	
5. (a)	Scott R. App					
J. (a,	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2020 OCT 19 PM	
	50 NE Dixie Hwy. Ste A3	_			OCT .	1 1
	Stuart, F	34994 L			- 5 - G	
(b)	Scott R. App  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u> </u>	6: 28	
	NEW Registered Office Address:		<del></del>			
	9640 Parkview Ave					
	Boca Raton F	L_33428				
chang agent was/w	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 laterer authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	e register iability co of the lir e limited	red of ompa nited	fice and the busines ny, it is hereby conf liability company of ity company.	ss office of the regi firmed that the cha	stered nge(s)
Sign	ature of a member or authorized representative of a member			Printed or type	ed name of signee	
provis the ob to mer notifie	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid rely reflect a change in the registered office address, I dfin writing of this change.	gree to ac e perform ed for in ( ' hereby c	rt in th iance Chap confiri	nis capacity. I furthe of my duties, and I ter 605, F.S. Or, if n that the limited lia	er agree to comply am familiar with a this document is h ability company ha	with the nd accept eing filed as heen
Signati	ure of Registered Agent					