

L18 000159636 #1813787

Florida Department of State
Division of Corporations
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Email Address: r1sosa@parasec.com

**LLC REGISTERED AGENT CHANGE
RA SWIMWEAR LLC**

Certificate of Status	0
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2019 MAY 16 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 17 2019

M. SOLOMON

H19 0001591093

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. Name of the limited liability company: RA SWIMWEAR LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
322 MIRAMAR BEACH DR. P.O BOX 6581
MIRAMAR BEACH, FL 32550

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

06/29/2018

L18000159636

3. Date of filing/registration in Florida 4. Document number

5. (a) LEGALINC CORPORATE SERVICES INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS BLVD STE 400

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

FORT MYERS, FL 33907

(b) ROCKET LAWYER CORPORATE SERVICES LLC

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

155 OFFICE PLAZA DRIVE, 1ST FLOOR

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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.

JESSICA SCHOLL, AUTHORIZED REPRESENTATIVE

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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