

LIS000194556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

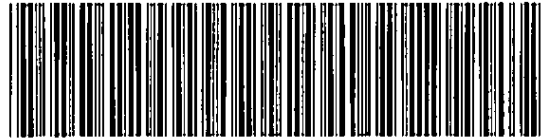
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 06 2022
TALLAHASSEE, FL

2022 SEP -6 PM 1:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RPA GROUP LLC
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:

RAFAEL PAZ
Name of Person

RPA GROUP LLC
Firm/Company

905 TOWN AND COUNTRY BLVD - UNIT 329
Address

HOUSTON/TEXAS/ 77024
City/State and Zip Code

PAZRIJ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL PAZ at (305) 9271425
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2022

RAFAEL PAZ
15700 SW 141 ST
MIAMI, FL 33196

SUBJECT: RPA GROUP LLC
Ref. Number: L18000194556

We have received your document for RPA GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was sent. I am enclosing the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00017270

2022 SEP -6 PM 12:55

RECEIVED
DIVISION OF CORPORATIONS
SEP 11 2022

**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: RPA GROUP LLC
2. (a) 905 TOWN AND COUNTRY BLVD -
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
UNIT - 329 - HOUSTON
TEXAS, 77024
08/14/2018
- (b) 905 TOWN AND COUNTRY BLVD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
UNIT 329 - HOUSTON
TEXAS, 77024
L18000194556
3. Date of filing/registration in Florida
4. Document number
5. (a) AYUDA CENTER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8230 CORAL WAY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI, FL 33155
- (b) LESLIE SIMONE
Enter name of NEW Registered Agent and/or NEW Registered Office address:
15700 SW 141 ST
NEW Registered Office Address:
MIAMI, FL 33196

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

[Signature]
Signature of a member or authorized representative of a member

RAFAEL PAZ
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]
Signature of Registered Agent

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