4/10/2019

Experion af Corporations [Plerida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000118572 3)))



H190001185723ABC1

To:	Division of Corporations			
	Fax Number : (850)617-6383			
From:				
	Account Name : REGISTER Account Number : I2009000	RED AGENTS INC.	<u></u>	
	Phone : (307)200	0-2803	 	
	Fax Number : (855)330	9-1010		
er the em annual re Email Ado		one email address	sed for please.	
annual re	dress:LLC REGISTERED AC	GENT CHANGE	sed for please.	
annual re	LLC REGISTERED AC	GENT CHANGE	sed for please.	
annual re	LLC REGISTERED AC RALJ PROPERT	GENT CHANGE	sed for please.	
annual re	LLC REGISTERED AC RALJ PROPERT Certificate of Status Certified Copy	GENT CHANGE TIES LLC	sed for please.	
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annual re	LLC REGISTERED AC RALJ PROPERT Certificate of Status Certified Copy	GENT CHANGE TIES LLC	sed for please.	

4/26/19 05

Electronic Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICEOR 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.

rioric		ים	TICCLIC							
1. N	lame of the limited liability company: RALJ P	RUPER	TIES LLC							
2. (a)		(b)								
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)							
	14 Tyler Rd	1	4 Tyler Rd	Rd						
	Smithtown NY 11787	mithtown NY 11787 Smithto				vn NY 11787				
	10/22/2018	L1	L18000248217							
3.	Date of filing/registration in Florida	4.	Document	number	 	-				
5. (a	, FINKBEINER, CHET				3	•				
J. (a)	Registered Agent and Registered Office shown on the records	of State.		25	,					
	4519 SE 16TH PLACE		,	>	: 1 a - + 4					
	Registered Office Address (MUST BE FLORIDA STRE)		· -	· ::	لمحصد ۱۷۰					
	UNIT 109		· · · · · · · · · · · · · · · · · · ·		. k					
	CAPE CORAL	FL 33904			<u>'</u>					
(L	Denistered Agents Inc									
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office addres	<u>s</u> .							
	7901 4th St N									
	NEW Registered Office Address:									
	STE 300	·								
	St. Petersburg	FL_33702								
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the register d liability comp as of the limited	ed office and the business, it is hereby co. I liability company ility company.	isiness off ntirmed th	ice of the at the cha	registered mgc(s)				
Sign	nature of a member or authorized representative of a member	11110)	Printed or ty	ped name of	signee					
I her provi the or to me notiff	why accept the appointment as registered agent and sions of all statutes relative to the proper and complobligations of my position as registered agent as proverely reflect a change in the registered office address ed in writing of this change.	agree to act in lete performanc ided for in Cha s, I hereby confi tant Secretar	e of my duties, and pter 605, F.S. Or, in that the limited	ther agree I am fami if this doci liability co	to compl liar with a ument is b ompany h	wwith the and accept seing filed as been				

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

Signature of Registered Agent