L19000025536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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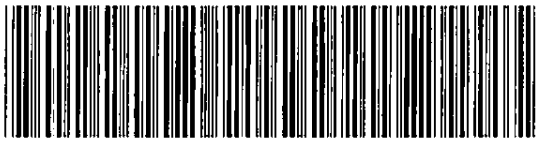

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2025 SEP 10 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2025

FMC/RHYNO, LLC
SIE KAMIDE
5115 W KNO STREET
TAMPA, FL 33634

SUBJECT: FMC/RHYNO, LLC
Ref. Number: L19000002536

We have received your document for FMC/RHYNO, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 625A00005082

RECEIVED
SEP 10 2025
By

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMC / RhyNO 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:

Angelo Rivera
Name of Person

FMC / Faour Glass Technologies
Firm/Company

5119 West Knox St.
Address

Tampa FL 33634
City/State and Zip Code

Angelor@faourglass.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo Rivera at (813) 629 3189
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

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: FMC/Rhyno LLC

2. (a) 5115 W. Knox St, Tampa, FL 33634 (b) Same

Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

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

3. 12-31-18 Date of filing/registration in Florida

4. L19000002536 Document number

5. (a) Russell T. Alba Esquire

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

101 South Franklin St. Suite 202

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

Tampa, FL 33636

_____, FL_____

(b) Angelo Rivera

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

5119 West Knox St,

NEW Registered Office Address:

Tampa, FL 33634

_____, FL_____

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TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

Angelo Rivera
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 of Registered Agent

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

INHS18 (2/14)