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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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Certified Copies	Certificates	of Status		
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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Rice Acupuncture LLC				
Sobject.	Name of Limited Liability Company				
Dear Sir or M	Aadam:				
The enclosed	l Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning this	natter to the f	ollowing:		
Bill Rice					
	Name of Person		_		
	Firm/Company				
4360 Northlai	ke Blvd. #209				
	Address		_		
Palm Beach C	Gardens FL 33410				
	City/State and Zip Code		_		
drbill@writen	ne.com				
E-mail	address: (to be used for future annua	l report notifi	cation)		
For further in	nformation concerning this matter, pl	ease call:			
Bill Rice		561 at (439.6644		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	losed is a check for the following a	nount:			
≡ S∶	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18 (2/14	·)				

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.	Same of the limited liability company: RICE ACUPUNG	CTURE LLC	
2. (a	4360 Northlake Blvd #209	(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)
	Palm Beach Gardens FL 334410		
	5.5.20 3/7/2019		9000057578
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Ala Registered Agent Inc.		
	Registered Agent and Registered Office shown on the records of 5647 110th Ave N	Tthe Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Royal Palm Beach FI	L 33411	2020
(b	Bill Rice		2020 HAY 1
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>w</u> : ω
	4360 Northlake Blvd. #209		PH 2:
	NEW Registered Office Address:		.: 07
	Palm Beach Gardens . Fl	33410	
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	registered o ability comp of the limited	office and the business office of the registered cany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
Sign	nature of a member of authorized representative of a member		Printed or typed name of signee
provi the o to me notifi	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It ed in writing of his change.	ree to act in i performance d for in Chaj hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signa	ture of Registered Agent		