## L19000097318

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	Ï		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEF, E

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT.	RD / LLC Limited Liability Company						
	, , ,						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this mat	ter to the following:						
LARA HICKOX  Name of Person							
RICHARDI LLC Firm/Company							
Firm/Company							
7750 SW 114 ST							
Address							
MIAMI, FL 33156 City/State and Zip Code							
City/State and Zip Code							
LH(CK0X52@ 6MAIL E-mail address: (to be used for future annual re							
For further information concerning this matter, pleas	e can.						
LARA HICKOX at	(786) 277 - 3547 Area Code & Davtime Telephone Number						
Name of Ferson	Area Code & Daytime Telephone Number						
Mailing Address:	Street Address:						
Registration Section Division of Corporations	Registration Section Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amou	int:						
<b>△</b> \$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.

I. Na	me of the limited liability company:	HARD	1 44	- -		
2. (a)	7750 SW 114 ST	(b)	7750	SW) 11	4 3	st
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. ,	Mailing ad	ldress of limited liab MAY BE POST OF	bility cor	mpany:
	MIAMI, FL. 33156	·	MIAM	1, FL	<u>33  </u>	56
			<del></del>			
3.	Date of filing/registration in Florida 4.		Docume	ent number		
5. (a)	ALESSANDRO RICCIARI	DI				
(,	Registered Agent and Registered Office shown on the records of the Fl	orida Dept. o	of State:			
	7750 SW 114 ST		<del></del>			
	Registered Office Address (MUST BE FLORIDA STREET ADDI	<u>(ESS)</u>				
			<del></del>			
	<u> </u>	33 15	<u> 56</u>	SEC T	2020	
(b)	LARA HICKOX			RETA ALL AI	020 JUL 27	
	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:		TARY OF AHASSE		
	7750 SW 114 ST			OF ST	AM 11: 57	Ö
	NEW Registered Office Address:			FAIE	57	
	MIAMI ,FL	3315	6			
If the li	mited liability company is not organized under the laws of	the State	of Florida, it i	s hereby confirm	ned tha	at after the
change	or changes are made, the Florida street address of the regi- vill be identical. Or, in the case of a Florida limited liabilit	stered offi	ce and the bus	siness office of t	he regi	stered
was/we	re authorized by An affirmative vote of the members of the	limited li	ability compa	ny or as otherwi	se prov	vided in
the artic	cles of organization of the operating agreement of the limit			RO RIC	CIA	RDI
Signat	ure of a member or authorized representative of a member	7100	Printed o	RO RIC or typed name of sig	nee	. ~ 127
provisie the obli to mere	ov accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfections of my position as registered agent as provided for the reflect a change in the registered office address. I hereby the property of this change is the registered office address. I hereby the registered of the r	act in this ormance o in Chapte by confirm	s capacity. I f f my duties, at or 605, F.S. O that the limite	further agree to nd I am familiar ir, if this docume ed liability comp	comply with a ent is be cany he	with the and accept eing filed as been
Signatur	re of Registered Agent					