

L19000151788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

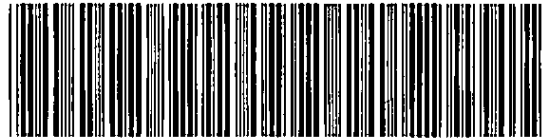
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600378321306

12/21/21--01008--028 **25.00

FILED
JAN 10 2022 10:47
TAMPA, FL
CLERK OF STATE

Y SULKER

JAN 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ryanne Investments 2014, 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:

Abigail Allred

Name of Person

York Howell & Guymon

Firm/Company

10610 S Jordan Gateway, Suite 200

Address

South Jordan, Utah 84095

City/State and Zip Code

michellestalker@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abigail Allred

801
at ()

527-1040

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.

Ryanne Investments 2014, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

29 Rinaldo Way

Ponte Vedra, Florida 32081

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

29 Rinaldo Way

Ponte Vedra, Florida 32081

June 07, 2019

L19000151788

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company

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

1201 Hays Street

Tallahassee 32301

_____, FL _____

(b) _____

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

Michelle L. Stalker

NEW Registered Office Address:

29 Rinaldo Way

Ponte Vedra 32081

_____, 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.

Michelle Stalker

Michelle L. Stalker

Signature of a member or authorized representative of a member

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.

Michelle Stalker

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00