

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
RAIBEART BRUIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**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: RAIBEART BRUIS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)698 N. Maitland Avenue, Suite 203698 N. Maitland Avenue, Suite 203Maitland, FL 32751Maitland, FL 32751August 28, 2019L190002198083. Date of filing/registration in Florida4. Document number

5. (a) \_\_\_\_\_

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

Laurence J. Pino, P.A.Registered Office Address (MUST BE FLORIDA STREET ADDRESS)99 S. New York AvenueWinter Park, FL 32789

(b) \_\_\_\_\_

Enter name of NEW Registered Agent and/or NEW Registered Office address:Dean Mead Services, LLCNEW Registered Office Address:420 S. Orange Avenue, Suite 700Orlando, FL 32801

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.

x: Megan Johnson  
Signature of a member or authorized representative of a member

Megan Johnson

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.

Dean Mead Services, LLC

By: \_\_\_\_\_

Signature of Registered Agent

Stephen R. Looney, Vice President of Sole Member

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

FILING FEE: \$25.00

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