L19000 333363

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
` , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Obtained depice
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: R-80 Rib City Name of Lim	OCITY Holdings, LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Barbara Peden						
Name of Person						
Rib City Group						
Firm/Company						
6830 Shoppes at Plantation Drive #2						
Address						
Fort Myers, FL 33912						
City/State and Zip Code	.					
bpeden@ribeity.com						
E-mail address: (to be used for future annual report	t notification)					
For further information concerning this matter, please ca	all:					
Barbara Peden 23	9 275-6700					
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. N	ame of the limited liability company: R-80	Rib	City	Holdings	S LLC
2. (a)		(b)	•	7	
~. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited ling (Note: MAY BE POST Of es at Plantation Drive	
	6830 Shoppes at Plantati	(<u>()</u> ()			
	Fort Myers, FL 33912		Fort Myers,	FL 33912	
	9-23-2019		L19	000232	363
3.	Date of filing/registration in Florida	4.	[Document number	
5. (a)	Dina Green				
. ,.,	Registered Agent and Registered Office shown on the record	ls of the Florida D	ept, of State:		
	6830 Shoppes at Plantation Drive				
	Registered Office Address	ET ADDRESS)			
	Fort Myers	. FL_33912			
		. F1			<i>\</i> ~3
(b)	Barbara Peden				ŨŽ:
(3.7	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>c.</u>	
	(1)20 (1)				
	6830 Shoppes at Plantation Drive #2				
	NEW Registered Office Address:				•
					デ もよ
					3
	Fort Myers	. FL. <u>33912</u>			
It the I	imited liability company is not organized under the	laws of the St	ate of Flor	ida lit is hereby confir	med that after the
change	e or changes are made, the Florida street address of	the registered	office and	the business office of	the registered
agent v	will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe	d hability comers of the limite	pany, it is l ed liability	hereby confirmed that company or as otherw	the change(s) ise provided in
	ices of organization or the operating agreement of				•
	Vall-	Paul P			
-	ture of a member or authorized representative of a member			Printed or typed name of si	-
provisi the obl to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in ete performan ided for in Cha . I hereby conj	this capac ce of my di apter 605, irm that th	ity. I further agree to ties, and I am familia F.S. Or, if this docum te limited liability com	comply with the r with and accept ent is being filed pany has been
Signatu	tre of Registered Agent				