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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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ALC:FIVED

LLC REGISTERED AGENT CHANGE RUI EMPIRE, LLC

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MAY 29 2020

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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. Na	ame of the limited liability company: Rui Emp	ire, LLC	<u> </u>	
2. (a)	260 E CEDARWOOD CIRCLE	(b) 2	(b) 260 E CEDARWOOD CIRCLE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		
	KISSIMMEE, FL 34743	<u>K</u>	ISSIMMEE, FL 34743	
	09/23/19	L19000239255		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SHROYER, VALERIE			
J. (a)	Registered Agent and Registered Office shown on the records of	t the Florida De	ot, of State:	
	260 E CEDARWOOD CIRCLE			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
			2020 Haví	
	KISSIMMEEF	_L 34743		
(b)	Registered Agents Inc.		28	
(1)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres		
	7901 4th St N		29	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the companion of the compa	of the register liability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company.	
provis the ob- to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet digations of my position as registered agent as provide tely reflect a change in the registered office address, ad in writing of this change.			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent