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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	stration Section sion of Corporations							
SUBJECT: RAVIKOFF PROPERTY MANAGEMENT COMPANY, LLC. Name of Limited Liability Company								
Dear Sir or N	Лadam:							
The enclosed	Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.						
Please return	all correspondence concerning this matter	er to the following:						
M	ARVIN + NORMA RAVIKO Name of Person	FF						
	Firm/Company							
8	462 HAWKS GULLY AVEN	iu <u>e</u>						
	Address							
<i>D</i>	ELRAY POEACH FL 339 City/State and Zip Code	446						
	City/State and Zip Code							
E-mail	HARMOM & GMAIL, COM address: (to be used for future annual repo	ort notification)						
For further in	formation concerning this matter, please	call:						
	Name of Person	561 303-1345 Area Code & Daytime Telephone Number						
	ling Address:	Street Address:						
	stration Section	Registration Section						
•	sion of Corporations	Division of Corporations						
P.O.	Box 6327	The Centre of Tallahassee						
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Encl	osed is a check for the following amoun	t:						
, ZZ \$2	5 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.

1. Na	me of the limited liability company: RAVIKOFF P	ROPERTY	MANAGEMEN	T COMPANY	LLC.
2. (a)	8462 HAWKS GULLY AVENUE	(b)	8462 HAN	UKS GULLY AL	15_
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	· (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	DELRAY BEACH FL 33446		DELRA	y BEACH F	L 33446
	9 30 2019 Date of filing/registration in Florida		L 19 000	245539	
3.	Date of filing/registration in Florida	4.	Document r	umber	
5. (a)	COMITER SINCER BASEMAN + Registered Agent and Registered Office shown on the records of the	BRAUN (ne Florida Dept	LP of State:		
	3825 PGA BLVD		 	107	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		造芸	T1 =
	PALM BEACH GARDENT	334	10	2020 HAR 30 AM 8: 11	
(b)	,			1 8: 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:			-
	NORMA RAVIKOF	F			
	NEW Registered Office Address: 8462 HAWKS GULLY AL		· · · · · ·		
	DELRAY BEACH , FL	33446			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered of oility compar the limited	fice and the busines ny, it is hereby con liability company o	ss office of the reg firmed that the cha	istered ange(s)
	Win a Ravikoff ture of a member or authorized representative of a member		NORMA R	AVIKOFF	
I herel provisi the obli to mere	by accept the appointment as registered agent and agree on so of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.	e to act in therformance for in Chaptereby confiri	us canacity. I furth	er agree to compl	y with the and accept being filed as been
Signatur	re of Registered Agent				