

K20 0000 31190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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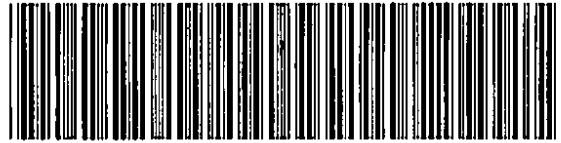
(Business Entity Name)

(Document Number)

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03/18/21--01020--016 **35.00

2021 MAR 18 PM 4:04
TALLAHASSEE, FLORIDA

**PLEASE BE ADVISED THAT OUR PLANTATION
OFFICE HAS MOVED TO A NEW LOCATION
EFFECTIVE MARCH 1, 2021**

OMSA CORPORATE PA

DR. RAMON A. PEREZ-ROSICH

ORAL AND MAXILLOFACIAL SURGEON

15661 SHERIDAN STREET, SUITE C4

DAVIE, FL 33331-3497

954-693-0026 TEL

954-693-0085 FAX

APEREZ1@OMSASSOCIATES.COM

ADMINISTRATION: ARLENE GONZALEZ

SURGICAL@OMSASSOCIATES.COM

SURGICAL ASSISTANT: JENNIFER ALEXANDRE

USE FOR BILLING AND DELIVERIES

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RV EXPERIENCE, LLC
Name of Corporation

DOCUMENT NUMBER: L20000031190

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLENE GONZÁLEZ
Name of Contact Person

RV EXPERIENCE, LLC
Firm/Company

15661 SHERIDAN ST, STE C4
Address

DAVIE, FL 33331-3497
City/State and Zip Code

APEREZ1@OM3ASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARLENE GONZALEZ at (954) 693-0086
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: RV EXPERIENCE, LLC

2. (a) 15661 SHERIDAN ST (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

STE C4 "
DAVIE, FL 33331-3497 "

3. 1/31/2020 4. L20000031190
Date of filing/registration in Florida Document number

5. (a) CORPORATE CREATIONS NETWORK, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 US HWY 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NORTH PALM BEACH, FL 33408

(b) RAMON PEREZ-ROSICH
Enter name of NEW Registered Agent and/or NEW Registered Office address:

15661 SHERIDAN ST, STE C4
NEW Registered Office Address:

DAVIE, FL 33331

FILED
2021 MAR 18 PM 4:04
TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

RAMON A. PEREZ-ROSICH
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.

[Signature]
Signature of Registered Agent