



Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075359030353  
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**LLC REGISTERED AGENT CHANGE  
THE RAPHAEL REMEDY, LLC**

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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: THE RAPHAEL REMEDY, LLC
2. (a) 4107 Pinewood Rd  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Melbourne, FL 32934
- (b) 681 St. Clair St, #360185  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Melbourne, FL 32935
3. 10/02/2020  
Date of filing/registration in Florida
4. L20000301381  
Document number
5. (a) Allison Ricciardi  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
681 St. Clair St, #360185  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Melbourne, FL 32935
- (b) BlumbergExcelsior Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address  
155 Office Plaza Drive, 1st Fl.  
NEW Registered Office Address:  
Tallahassee, FL 32301

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 member or authorized representative of a member

Allison Ricciardi

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.

Jose Mojica, Asst. Sec

Signature of Registered Agent

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