L21000 333757

(Requestor's Name)				
(Address)				
(100.000)				
(Address)				
(City/State/Zip/Phone #)				
(,,				
PICK-UP WAIT MAIL				
(Pusiness Enth, Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certifica Copies Certificates of Status				
Special Instructions to Filing Officer:				
_				

Office Use Only



600433236606

07/17/24--01021--017 **75.00

2024-JUL 17 MHH: 00

COVER LETTER

■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Enclosed is a check for the following am	mount:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Registration Section	Registration Section
Mailing Address:	Street Address:
Name of Person	Area Code & Daytime Telephone Number
Barbara Peden	239 275-6700
For further information concerning this matter, ple	ease call:
E-mail address: (to be used for future annual	l report notification)
bpeden@ribcity.com	
City/State and Zip Code	
Fort Myers, FL 33912	
Address	
6830 Shoppes at Plantation Drive #2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Firm/Company	
Rib City Group	SECRETAR TALLAR
Name of Person	
Barbara Peden	
Please return all correspondence concerning this n	matter to the following:
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Dear Sir or Madam:	
Name o	of Limited Liability Company
SUBJECT: Rib City Ima	nokalee RE, LLC of Limited Liability Company
TO: Registration Section Division of Corporations	

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	Name of the limited liability company: Rib City In	mokalee s	RE, LLC
2. (a)	a)(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	limited liability company: POST OFFICE BON)
	621 N. 15th Street 68	30 Shoppes at Plantation	Drive
	Immokalee, FL 34142 Fo	ort Myers, FL 33912	
	7-21-2021	L21000	333757
3.	Date of filing/registration in Florida 4.	Document num	ber
5. (a)	(a) Dina Green		
	Registered Agent and Registered Office shown on the records of the Florida Dep	n, of State:	
	6830 Shoppes at Plantation Drive		s 12
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		Z024 JUL SECRETA
	Fort Myers FL 33912		
(b)	b) Barbara Peden		17 MH 11: 00
	Enter name of NEW Registered Agent and/or NEW Registered Office address	Σ:	0
	6830 Shoppes at Plantation Drive #2		, , 0
	NEW Registered Office Address:		
	Fort Myers, FL_33912		
change agent was/we the arti	re limited liability company is not organized under the laws of the Statege or changes are made, the Florida street address of the registered of a will be identical. Or, in the case of a Florida limited liability compared were authorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the limited liability could be a paul Ped gnature of a member or authorized representative of a member	ffice and the business of any, it is hereby confirm Hiability company or as lity company. Jen	ffice of the registered ned that the change(s) s otherwise provided in
		Printed or typed n	•
provisi the obl to mero notifico	ereby accept the appointment as registered agent and agree to act in the cisions of all statutes relative to the proper and complete performance obligations of my position as registered agent as provided for in Chapterelly reflect a change in the registered office address, I hereby confirmed in writing of this change.	his capacity. I further a of my duties, and I am over 605, F.S. Or, if this m that the limited liabil	igree to comply with the familiar with and accept document is being filed lity company has been
Signatu	nature of Registered Agent		