

K21000503201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

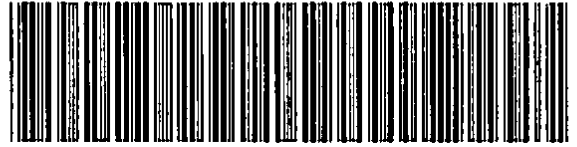
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAFFEE ENTERPRISES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARRYL K CUDGEL
Name of Person

RAFFEE ENTERPRISES LLC
Firm/Company

904 CANNES DR
Address

KISSIMMEE, FLORIDA 34759
City/State and Zip Code

RAFFEE2010@GMAIL.COM
E-mail address: (to be used for future correspondence)

For further information concerning this matter, please call:

DARRYL K CUDGEL at (352) 410 0000
Name of Person Area Code & Daytime Telephone Number

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

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

Please attach a check for the following amount:

- \$25 Filing Fee
- FL \$55 Filing Fee & Certified Copy

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: RAFEE ENTERPRISES LLC

2. (a) DARRYL K CUDGEL (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

904 CANNES DR

KISSIMMEE, FL 34759

11/24/21

1.21600503201

3. Date of filing/registration in Florida 4. Document number

5. (a) SHIRLEY A CAMPBELL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SAFEGUARD MULTI SERVICES LLC

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

517 MARICOPA DR

KISSIMMEE, FL 34758

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

DARRYL K CUDGEL

NEW Registered Office Address:

904 CANNES DR

KISSIMMEE, FL 34759

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

DARRYL K CUDGEL
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

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SECRETARY OF STATE
TALLAHASSEE, FL