## L22000001224

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## **COVER LETTER**

FO: Registration Section Division of Corporations				
Rascoll Flatts LLC SUBJECT:				
Name of Limited	Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	he following:			
Gerard Rascoll				
Name of Person	<del></del>			
Rascoll Flatts LLC				
Firm/Company	<del></del> -			
1614 Russell Dr				
Address				
Downingtown Pa 19335				
City/State and Zip Code				
gerardrascoll@yahoo.com				
E-mail address: (to be used for future annual report not	ification)			
For further information concerning this matter, please call:				
lay Breitlow 407 at (	4992954 )			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	S55 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.	N	ame of the limited liability company: Rascoll Flatts LLC							
2.	(a)	1614 Russell Dr	(b) 1614 Russell Dr						
	` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)			ess of limited liability  IY BE POST OFFIC		
		Downingtown Pa 19335			Downingtown Pa 19335			- <u></u>	
			_					<del></del>	
		12/29/2021		ı	.22000007	7224			
3.		Date of filing/registration in Florida	4.	_		Document	number		
5. (a)	(a)	CT Corporation System							
	` ′	Registered Agent and Registered Office shown on the records of the	he Flo	nda	Dept. of Sta	atc:			
		CT Corporation					_ <b>~</b>		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del></del>	024 SE(		
		1200 South Pine Island Road					P 1 2024 HAY SEC		
(1		Plantation , FL	33324	١		_	$\frac{1}{\omega}$		
	(b)	lay Breitlow			· · ·	<del></del>	-	5 6 6 2 7 7 8	
	(0)				_	8: 30			
		NEW Registered Office Address:			<del></del>	<del></del>			
		3621 Northglen dr				<del>_</del> _			
		oriando . FL	32806	5					
ag wa the	ent v is/w : art:	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member or authorized representative of a member	regist bility f the limite	con limi d lia	l office ai npany, it ted liabili	nd the busine is hereby cor ity company mpany.	ess office of the re nfirmed that the c or as otherwise p	gistered	
I h pro the to i	erei visi obl nere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to derfor for it ereby	act i rmai n Cl v coi	n this cap nce of my hapter 60 nfirm thai	nacity I G.	ped name of signee ther agree to com I am familiar with if this document is liability company	ply with the h and accept being filed has been	
Sig	natur	re of Registered Agent							