h22000042369

(Requestor's Name)						
(Address)						
(Address)						
(,						
(6) (6) (7) (7)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(00000000000000000000000000000000000000						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
`						

Office Use Only



700388612107

05.731.722--01013--024 **25.00

2022 MAY 31 PM 1: 22

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Railroad Vine Designs LLC		•
		Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	following:
Bethan	y Peters		
	Name of Person		<u> </u>
Railroa	dvine Designs LLC		
	Firm/Company		
14326	5 County Rd 39		
	Address		_
Lithia,	FL 33547		
	City/State and Zip Coo	de	
bethany	@railroadvinedesigns.com		
E	-mail address: (to be used for future	annual report notif	ication)
For fur	ther information concerning this ma	tter, please call:	
Bethan	y Peters	352 at (2134730
	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
	Enclosed is a check for the follow ■ \$25 Filing Fee	-	Tallahassee, FL 32303 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. Na	me of the limited liability company: Railroad Vine Des	igns Ll	.C		
2. (a)	Beathny Peters		(b) Bethany	Peters	
2. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	14326 S County Rd 39, Lithia, FL 33547		14326 S	County Rd 39, Lithia, FL 33547	
	1-24-2022	_	L22000042369		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Bethany Peters				
(b)	Registered Agent and Registered Office shown on the records of the Bethany Peters	he Flori	da Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2601 Atlantic Ave			2022 HAY 3 SEURE DAI TALLAH	
	Fernandina Beach . FL	32034		AHY 31	
	Bethany Peters Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			31 PM 1: 22 ARY OF STATE	
	Bethany Peters			Li. 22	
	NEW Registered Office Address:				
	14326 S County Rd 39			_	
	Lithia, FL	33547			
change agent v was/we the arti Signa I here provisithe oblito mere notified	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member of authorized representative of a member of the law accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have a provided the proper and complete pigations of this change.	registe bility of the li limited	red office a company, it mited liabil liability co Beth a	is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Peters Printed or typed name of signee	