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COVER LETTER

Division of Corporations					
Railroad Vine Designs LLC					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Bethany Peters					
Name of Person					
Railroad Vine Designs LLC					
Firm/Company					
11135 Gulf Shore Drive					
Address					
Naples/FL 34108					
City/State and Zip Code					
petersbm01@gmail.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
Bethany Peters	352 283-5326 at ()				
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				
Enclosed is a check for the following a	mount:				
■ \$25 Filing Fee	☐ \$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. N	ame of the limited liability company: Railroad Vine	Designs ———	LLC	<u> </u>				
2. (a)	Bethany Peters		(b	Bethany	Peters			
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	· · · · · · · · · · · · · · · · · · ·	_	="	mited liability o	
	11135 Gulf Shore Drive, Naples, FL 34108			11135 G	ulf Shor	e Drive, Na _l	ples, FL 34108	3
	1-24-2022			L2200004	2369			
3.	Date of filing/registration in Florida Bethany Peters	4.			Docu	ment numb	per	
5. (a)	Registered Agent and Registered Office shown on the records Bethany Peters	of the Flo	orida	Dept. of St	— ate:			
	Registered Office Address (MUST BE FLORIDA STREE) 14326 S County Rd 39	TADDR	RESS	2	_		2121	
	Lithia , 1	FL	\$ 7		_		ر. ن	·
(b)							- - -	• •
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e ado	Iress:			: :	- ට ට
	Bethany Peters							
	NEW Registered Office Address:							
	11135 Gulf Shore Drive			·				
	Naples . I	3410 FL_	08					
change agent was/w the art Signa I here provisithe obito mere	imited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member observed the appointment as registered agent and aging so of all statutes relative to the proper and completing agreement of the proper and completing agents of my position as registered agent as provided the proper and completing agents of the proper agent agents of the proper agent agents of the proper a	he regis liability s of the he limite	stered y cor limited li	d office a mpany, it ted liability co	nd the bis herebity company. Printe	pusiness off by confirme pany or as Dete d or typed na	cice of the reged that the chotherwise pro	gistered ange(s) ovided in