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Division of Corporations

Florida Department of State Distroportion District

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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; Ritex Capital L	.LL	
2. (a)	18331 Pines Bivd 121	(b)	18331 Pines Blvd 121
,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pembroke Pines, Florida 33029		Pembroke Pines, Florida 33029
	1/26/2022		L22000047783
3.	Date of Eling/registration in Florida	4,	Document number
5. (a)	BUSINESS FILINGS INCORPORATED		
-i. (a)	Registered Agent and Registered Office shown on the receids of t	the Florida	Dept of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS	<u>u</u>
			2 2
	PLANTATION , FL	33324	DECRET
(b)	Alex Jinnenez		
, ,	Enter name of NEW Registered Agent and or NEW Registered	Office add	drevs
	18331 Pines Blvd 121		FS 17
	<u>NEW</u> Registered Office Address:		5 6
	Pembroke Pines	33029	
	FL.		
the ch	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited he are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the linx	stered office and the business office of the registered company, it is hereby confirmed that the change(s) sited liability company or as otherwise provided in
		Ale	lex Jimenez, Member
-	mire of 8 member of airdiorized representative of a member		Printed or typed name of signee
provis the ob to me	by accept the appointment us registered agent and agrifons of all sugges relative to the proper and complete ligations of all sugges relative to the proper and complete ligations of the position as registered agent as provide of reflect a change in the registered affice address, I do writing at this change.	ee to act performa d for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed outfirm that the limited llability company has been
Signati	ue of Registered Agent Alex Jumenez		•
	Division of Corporations P.O. I	Box 6327	7• Tallahussee, FL 32314
	FILING F		

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