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(Address)				
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations	•			
SUBJECT:	Reliable Rapid Services				
COURCIA	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this ma	natter to the following:			
	Daywaa d Malaadia				
	Raymond Valentin Name of Person				
	Name of Ferson				
Reliabl	e Rapid Services				
	Firm/Company				
	1959 Brandywine Rd Apt. 10	7			
	Address				
	West Palm Beach, FL 33409	9			
	City/State and Zip Code				
r	eliablerapidservices@gmail.com	า			
E-mail	address: (to be used for future annual i	report notification)			
For further i	nformation concerning this matter, plea	rase call:			
	Raymond Valentin	at (561) 729-4351			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following am	nount:			
≥21 S	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.

oility company: Reliabl	e Rapid S	ervices	
indywine Rd Apt.107	(b)	7901 4th st N, STE 4000	
		•	
alm Beach, FL 33409		St. Peterburg, FL 33702	
2/24/2022		L22000097614	
g/registration in Florida	4.	Document number	
entin			
gistered Office shown on the record	s of the Florida Dept.	of State:	
ss <u>(MUST BE FLORIDA STRE</u>	ET ADDRESS)		- 2
ywine Rd Apt.107			922 1
Palm Beach	FL 33409		2022 HOV 21
Agents Inc		[T]. 10], 54
istered Agent and/or NEW Regist	ered Office address:		}; }; •
t N			Cn Cn
Address:	-		
urg	, FL 33702		
ade, the Florida street addressin the case of a Florida limite affirmative vote of the member the operating agreement of a representative of a member ment as registered agent and ative to the proper and comp	s of the registered diability comparers of the limited liabilithe limited liabilithe limited liability agree to act in the left performance	I office and the business office of ny, it is hereby confirmed that the liability company or as otherwise pity company. Raymond Valentin Printed or typed name of signee aris capacity. I further agree to confiny duties, and I am familiar wi	the registered change(s) provided in a second change in a second chang
ange.			
	andywine Rd Apt.107 ddress of limited liability company: IST BE STREET ADDRESS) Palm Beach, FL 33409 Palm Beach, FL 33409 Palm Beach of lice shown on the record of lice shown on the registered agent and lice shown on the case of a Florida limite of lice of the operating agreement of lice of the operating agreement of lice of lice address of the registered agent as proper and component as registered agent and lice of lice address ange.	andywine Rd Apt.107 (b)	andywine Rd Apt.107 deferss of limited liability company: Mailing address of limited liability (Note: MAY BE POST OFFIC) alm Beach, FL 33409 St. Peterburg, FL 33702 2/2/4/2022 L22000097614 Document number entin gistered Office shown on the records of the Fiorida Dept. of State: SS. (MUST BE FLORIDA STREET ADDRESS) Lywine Rd Apt.107 Palm Beach FL 33409 Agents Inc distered Agent and/or NEW Registered Office address: t N Address: DUTG FL 33702 Address: DUTG FL 33702 Agymond Valentin Firmative vote of the members of the limited liability company or as otherwise in the case of a Florida limited liability company. Raymond Valentin Frinted or typed name of signee ment as registered agent and agree to act in this capacity. I further agree to company as registered agent as provided for in Chapter 605. F. S. Or., if this document the registered office address. I hereby confirm dentilar with the registered agent as provided for in Chapter 605. F. S. Or., if this document in the registered office address. I hereby confirm that the limited liability company and agree to act in this capacity. I further agree to confirm a registered agent as provided for in Chapter 605. F. Or., if this document in the registered office address. I hereby confirm that the limited liability company.

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent