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	(Requestor's Name))
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	(City/State/Zip/Phor	ne #)
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COVER LETTER

TO: Registration Section Division of Corporations

Xperience Punta Gorda LLC
SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Mahler

Name of Person

Firm/Company

7857 Drew Circle Suite 15

Address

Fort Myers, Florida 33967

City/State and Zip Code

info@ram4global.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Mahler	239 920-1188 at ()
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:

S25 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.

. (a)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7857 Drew Circle Suite 15		7857 Drew C	Circle Suite 15
	Fort Myers, FL 33967		Fort Myers, F	FL 33967
	05/03/2022		1.22000196048	3
	Date of filing/registration in Florida	4.	D	ocument number
. (a)	Richard Mahler			
. (4)	Registered Agent and Registered Office shown on the record			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u>	22
	29375 Bryan Way			OCT
(b)	Punta Gorda	FL		
	Richard Mahler Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		ddress:	OCT IT AH 7: 41
	NEW Registered Office Address:			
	7857 Drew Circle Suite 15	,		
	Fort Myers	. FL_33967		
hango gent v /as/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the registe d liability o rs of the li	red office and t company, it is h mited liability o	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	<u></u>		chard Mahler	
Signa	ture of a member or authorized representative of a member		P	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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