L22000 243418

(Re	questor's Name)	
,	,	
(Add	dress)	
(Add	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	-i Enlin Non	
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
,		
Certified Copies	s of Status	
Special Instructions to I	Filing Officer:	

Office Use Only



600389919016

60.2002-01011-010 *4.0.01



Ra Crang

E . 3 1 022 D CUSHINIS

COVER LETTER

Division of Corporations Reasonable Accommodations LLC	•		
SUBJECT: Name of Limited	I Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to t	he following:		
Debra Ratson			
Name of Person			
Reasonable Accommodations LLC			
Firm/Company			
7025 Antinori Lane			
Address			
Boynton Beach, FL 33437	- 4: - 1:		
City/State and Zip Code	 = <u>-</u> .		
reasonablellc22@gmail.com	 ಬ		
E-mail address: (to be used for future annual report no			
For further information concerning this matter, please call:			
Debra Ratson 561 at (767-9405		
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 amount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)



September 20, 2022

REASONABLE ACCOMMADATIONS LLC 7025 ANTINORI LANE BOYNTON BEACH, FL 33437

SUBJECT: REASONABLE ACCOMMODATIONS LLC

Ref. Number: L22000243418

We have received your document for REASONABLE ACCOMMODATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be 1 Registerd Agent listed on our records, please make corrections and resubmit for processing

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 022A00020968

Stacy Prather Regulatory Specialist III

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)	Reasonable Accommodations LLC		(b)	Reasonable Accommodations LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7025 Antinori Lane			N	Mailing address of limited liability company:			
				7025 Antino	(Note: MAY BE POST OFFICE BOX)			
	Boynton Beach, FL 33437			Boynton Beach, FL 33437				
	May 25, 2022		L	220002434	18	-		
	Date of filing/registration in Florida	- 4.			Document nun	nher.		
(a)	United States Corporation Agents, Inc.			•	Document nui	ioci		
(4)	Registered Agent and Registered Office shown on the records of t	the Flor	da D	leat of State				
	Cheyenne Moseley	a.c (10).	ida L	rept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRF.	(22					
	5575 S. Semoran Blvd., Suite 36		<u>,</u>					
	Orlando	12022			11		202	
	, FL	32822				CORE MOT	> ここ	
(b)	Reasonable Accommodations LLC					,	i L	
` ' -	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	<u>ess</u> :			:	
	Debra Rafson					– دي		.11
						د در در		
	NEW Registered Office Address:					•	,	
	7025 Antinori Lane							
	Boynton Beach FL	33437						
ent wi s/wer artic	nited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the of organization or the operating agreement of the liable.	oility c the lir imited	omp nite liab	pany, it is h	the business of hereby confirm	fice of	the r	egistered
		_	-	P	Printed or typed n	ame of si	gnee	
	re of a member or authorized representative of a member accept the appointment as registered agent and agreents of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I he myriting of this change.		_		Printed or typed n ity. I further a ities, and I am F.S. Or, if this	ame of si gree to familia docum	ignee com r wit ient i	iply wit h and a s being

Signature of Registered Agent