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07/17/23

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: RUEMONE LLC. Name of Limited L	iability 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:
Neharika Jwala Name of Person	
RUEMENE LLC Firm/Company	_
13050 Miranda St. Address	- PH
Coral Gables FL 3315	PH 9: 36 SSEE, FL
E-mail address: (to be used for future annual report notifi	Cation)
For further information concerning this matter, please call:	
Nehavika Jugla at 355	258 4027 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 \$5	5 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: Ruemone	<u> </u>	LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	b) <u> 30</u> М	1ailing address	WYGYY (of limited liabil BE POST OFF	ity comp	∫-}- pany: X)
	Coral Gabits, FL33156	-	<u>Corc</u>	rl Caa	bles,1	<u>-L,</u>	<u> 3312</u> 9
	06/22/2022		L22	000	28429	8	
3.	Date of filing/registration in Florida	4.	Ī	Document n	umber	_	
5. (a)	Registered Agent and Registered Office shown on the records of the						
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES.	<u>5)</u>				
	476 Riverside Ave					- 13 - 23	
	Jacksonville FL	32	202_		,* ,	* •	•
(b)	Nenarika Juala	<u>-</u>			(S)	: 7 P	1 : 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Mice ad	<u>dress</u> :		Y OF STAT SSEE, FL	PM 9: 30	
	NEW Registered Office Address:				ניו	σ	
	13050 Miranda St						
	coral Gabies .FL	33	3156				
change agent was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited in the street of the street of the street of the street or the stre	egistere ility co the lim	ed office and impany, it is litted liability	the busines: hereby conf company or	s office of the irmed that the	registe change	ered e(s)
	20100	1	veha	rika	<u>J</u> wa	10	
_	ture of a member of authorized representative of a member	***************************************		Printed or type	d name of signe		
I here provisi the obi to mer notified	by accept the appointment as registered agent and agree ions of all statules relative to the proper and complete pe ligations of my position as registered agent as provided fe ely reflect a change in the registered office address, I her d in writing ρf this change.	to act erforma or in C reby co	in this capac ince of my di hapter 605, onfirm that th	city. I furthe uties, and I d F.S. Or, if t e limited lia	er agree to co am familiar w his document ability compai	mply w ith and is bein ny has i	ith the accept ag filed been

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