

L22000493103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

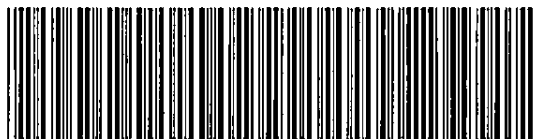
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900426218229

12/01/23--01021--003 \*\*35.00

2023 DEC 1

11:58

STATE  
- 2023 FL

2023 DEC 1

R. HUNT

*[Signature]*

12/01/23

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Runway Rides  
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:

Albert Cleary

Name of Person

Runway Rides

Firm/Company

4782 Tri Tar Dr

Address

SARASOTA FL 34234

City/State and Zip Code

Runwayrides@gmail.com

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

For further information concerning this matter, please call:

Albert Cleary

Name of Person

(917) 921-6760

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: \$35 check Already sent

☐ \$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.

1. Name of the limited liability company: Runway Rides

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 4782 Tri Par Dr  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

SARASOTA, FL 34234

3. 11/17/2022  
Date of filing/registration in Florida

4. L22000493103  
Document number

5. (a) INC Authority RA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 North Orange Ave., STE 2300-N  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32801

(b) Albert Cleary  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4782 Tri Par Dr.  
**NEW** Registered Office Address:

SARASOTA FL 34234

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Albert Cleary  
Signature of a member or authorized representative of a member

Albert Cleary  
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.

Albert Cleary  
Signature of Registered Agent