## L23000034387

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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STANSIBENT OF STATE
DIVISION OF CORPORATIONS

A. PARISHANI DEC 16 2023

## **COVER LETTER**

FO: Registration Section Division of Corporations	INV. ISIAN
SUBJECT: Rapid Recovery Services LLC Namy of Limited Liability Company	.A.I.NENT OF CORP.
Dear Sir or Madam:	08711 08711 08711
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	15 A
Please return all correspondence concerning this matter to the following:	
Bridget Pastore Name of Person	
Repid Becovery Services LLC Firm/Company	
4624 W Bey Lo Bry Blud	
Tempa, Fl 33629 City/State and Zip Code	
Bridget Pastore @ Rapid Recovery INC-Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bridget Pestore at (41) 638-8987 Name of Person Area Code & Daytime Telephone	: Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, SuiteTallahassee, FL 32303	810

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company: Rapid Recovery Services LLC	
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  4624 W By to By blvd  4624 W By to By blvd	
	Temps, Fl 33629  I 18/2023  Date of filing/registration in Florida  L23000034387  Document number  Luch T Lenoir II PA	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  502 NAminia Ave Tamps Fl 33609  Registered Office Address (MUST BE FLORINA STREET ADDRESS)	
(b)	Bridget Pastore Enter name & NEW Registered Agent and/or NEW Registered Office address:  4624 W Bay to Bay Blad	
	NEW Registered Office Address:  Temps . FI. 33629	
iange jent v as/w e arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the corchanges are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.  State Pastore  Trinted or typed name of signee	*
ovisi e obi mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.	