## L23000171230

(Requestor's Name)					
(Address)					
(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:					

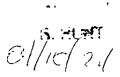




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84/19/24--01013--002 \*\*35.00





## **COVER LETTER**

TO: Registration Section Division of Corporations							
RAPYZZALIHIKC 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 r	matter to the	following:					
H <del>er</del> tijjd <b>i</b> mRanaeD)							
Name of Person							
Firm/Company		<del></del>					
3ESSObermDr							
Address							
Were Brench HL 32963 United States		•					
City/State and Zip Code		<del></del>					
Runaapartijjdhu@gmaillorom		` ;., <del>G</del> ;					
E-mail address: (to be used for future annua	l report notif	fication)					
For further information concerning this matter, pl	ease call:						
Ranac Portijolim	53122 at (	4 <u>222</u> -1 <u>85216</u> 5					
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 ar	mount:						
□ \$25 Filing Fee	<b>□</b> \$	555 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.

Na	nme of the limited liability company:  RP7231, LLC				
(a)	Pettijohn Ranae D		(b)_	-	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		. ~ / -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3685 Ocean Dr.				
	Verto Blendh IAL 32963	_	_		
	(PATOLOGENEEN)		L	230001712	230
	Date of filing/registration in Florida	4.			Document number
(a)	Inc Authority ranaepettijohn@gmail.com				
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of States				<del>-</del> ::
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u>(S)</u>	_	· .
	390 North Orange Ave. Ste 2300N				T.
	Orlando	32801			
	, FL				
(b) _	Pettijohn Ranae D				· `. - ·
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
					<del>G</del> ;
					•
	NEW Registered Office Address:				
	.3685 Ocean Dr.				-
	Vero Beach F1.	32963			
nge nt we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	register bility c f the lin limited	red omp nite liab	office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	ture of a Indember of authorized representative of a member			. af.t.	
ovisi obli pere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered of the	perforn	iano	ce of my a	luties, and I am familiar with and accer