123000429024

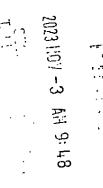
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(5553.1151.1151.)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
mile				
While				

Office Use Only



400418355924

11/03/23--010/9--005 **/25.56



COVER LETTER

TO: Registration Section Division of Corporations	·					
Rubix Services LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Louis Dennis						
Name of Person						
Rubix Services LLC						
Firm/Company						
1317 Edgewater Dr. #2328						
Address						
Orlando, FL 32804						
City/State and Zip Code						
Louis@RubixHomeServices.com						
E-mail address: (to be used for future annual report	rt notification)					
For further information concerning this matter, please c	all:					
Louis Dennis 32	21 593-9380					
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)

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: Rubix Services	LLC		
2. (a)	1317 Edgewater Dr.		(b) 1317 Ed	gewater Dr.
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#2328		#2328	
	Orlando, FL 32804		Orlando.	FL 32804
	9/14/2023		L2300042	9024
3.	Date of filing/registration in Florida	4.	<u>-</u>	Document number
5. (a)	REGISTERED AGENTS INC			
J. (4)	Registered Agent and Registered Office shown on the records of	of the Flo	orida Dept. of Si	ate:
	7901 4TH ST N			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			1023 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
	STE 300			2023 HOV
	ST. PETERSBURG, I	3370 FL_	2	- ω υ
(b)	Arcadia Saunders			— 9. ¹⁴ 元
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			+
	1317 Edgewater Dr.			
	NEW Registered Office Address:			
	世 2328			_
	Orlando, F	FL	4	
change agent v was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne regis liability of the le limite	tered office a company, it limited liabil ed liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Ç:	nture of a member or authorized representative of a member	I -	Louis Dennis	Drinted on torond name of size -
I here provis the ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided verifice a change in the registered office address, and in writing of this change.	e verto	rmance of mi	duties, and I am familiar with and accept

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