## L24000053164

| (Reque                        | stor's Name)           |
|-------------------------------|------------------------|
| (Addres                       | s)                     |
| (Addres                       | ss)                    |
| (City/St                      | ate/Zip/Phone #)       |
| PICK-UP                       | WAIT MAIL              |
| (Busine                       | ss Entity Name)        |
| (Docum                        | ent Number)            |
| Certified Copies              | Certificates of Status |
| Special Instructions to Filin | g Officer:             |
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S. PRATHER

## **COVER LETTER**

INHS18 (2/14)

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: Royal Line Pr<br>Name of Lin  | ited 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:  |
| Sandra A. Lima-wenger<br>Name of Person  | <del></del>  |
| Royal Lime Press, LL<br>Firm/Company   | <u></u>  |
| Address Aucno  | <u>e</u>   |
| Pluntation FL 3332:<br>City/State and Zip Code   | 3  |
| Royallime 25@gmail.e<br>E-mail address: (to be used for futuro annual repo                         | com<br>rt notification)  |
| For further information concerning this matter, please c   | all:   |
| Sandra A. Lima-wenger at (   | 774 ) 644-5638<br>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   | <b>:</b>   |
| S\$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: Royal Lime Press, LLC   |  |
|---|--|
| 2. (a) 2(60 NW 1) AUCH (b) 2(60 NW 1) 329 AUCH (c) Mailing address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE)  | · company:   |
| Plantation, FL. 33333 Plantation, FL  | 33353  |
| Jan 99, 2024  Date of filing/registration in Florida  L24000053164  Document number   |  |
| 5. (a) Zer Business Inc. / Khadisch Hemmeti Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  |  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  | -s   |
| Suite 301<br>Tallahassee FL 32301   | 7.00<br>- 1.00<br>- 7.00<br>- 7. |
| (b) Chael D. Winger Enter name of REW Registered Agent and/or NEW Registered Office address   | ;<br>=-<br>=-  |
| NEW Registered Office Address:  | <br>ريد  |
|   |  |
| Plantation FL 333>3   |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company. | registered<br>change(s)  |
| Sandra a Lima-Wenger Sandra A. Lima-Wenger Signature of a member or authorized representative of a member   | <u> </u>   |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflected change in the registered office address. I hereby confirm that the limited liability company notified in writing of this change.  | aply with the<br>th and accept<br>is heing filed<br>whas been  |
| Signatury of Registered Agent/  |  |

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

INHS18 (2/14)