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| (Requestor's Name) | | | | | | |
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| □ PICK-UP | ☐ WAIT | ☐ MAIL | | | | |
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| (Bu | isiness Entity Nar | me) | | | | |
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| Certified Copies | Certificates | s of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------|---|--|---|
| SUBJ | Ready2Roll LLC | | |
| | | Name of Limite | ed Liability Company |
| Dear S | ir or Madam: | | |
| The en | closed Registered Agent/Registered (| Office Change | and fee(s) are submitted for filing. |
| Please | return all correspondence concerning | this matter to | the following: |
| Adrian | a Solana | | |
| | Name of Person | | |
| Ready2 | Roll LLC | | |
| | Firm/Company | | |
| 7762 1 | oth PL | | |
| | Address | 1944 m Tu - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | |
| LaBelle | e, FL 33935 | | |
| | City/State and Zip Code | c | |
| adriana | ready2roll@gmail.com | | |
| Ē | -mail address: (to be used for future a | innual report n | otification) |
| For fur | ther information concerning this matt | ter, please call: | |
| Adrian | s Solana | 786 at (| 538-7552 |
| | Name of Person | ut (| Area Code & Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee |
| | Tananassee, PL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the followi | ng 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. | Na | ame of the limited liability company: Ready2Roll LLC | | | | | |
|------------------|-----------------------|---|---|--|---|---|--|
| 2 | (a) | 7762 16th PL | | (b) | 7191 Cypr | ress Lake Dr | |
| - . , | (ω) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ·- | (5) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | LaBelle, FL 33935 | | | Ste 3 # 114 | 48 | |
| | | | _ | | Fort Myers | s, FL 33907 | |
| | | 04/30/2024 | | L | .240002015 | 540 | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document number | |
| 5 | (a) | Adriana Solana | | | | | |
| (b) | (4) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4545 NW 4 Terrace | | | - :: | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | Miami , FL | 33126 | 3126 | | | |
| | (b) | Adriana Solana | | | | 20 7 | |
| | (•// | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | TALL | | |
| | | 7762 16th PL | | | | V 22 | |
| | | NEW Registered Office Address: | | 2024 NOV 22 AM 10: 33 SEUSE PARASSEE, FL | | | |
| | | LaBelle , FL | 33935 | | | 33 FL | |
| cha age wa | ange ent v s/we | imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | es of the registe bility of the li imited | ne Serec con imit d lia | l office and apany, it is ted liability | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | |
| | Signa | ture of a member or authorized representative of a member | _ | | | Printed or typed name of signee | |
| pro the to | ovisi obl mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect withange in the registered office address. I had in writing of this change. | e to ac perform for in ereby (| ct i mai Cl coi | n this capa nce of my a napter 605, nfirm that t | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |
| Šiį | gnatu | re of Registered Agent | | | | | |