L24000385714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

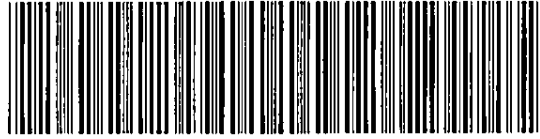(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

I. Dennis

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO RAME LLC
_____
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 matter to the following:

NICOLE RAVASINI
_____
Name of Person

STUDIO RAME LLC
_____
Firm/Company

12000 N BAYSHORE DR, APT 311
_____
Address

NORTH MIAMI, FL 33181
_____
City/State and Zip Code

RAVASININICOLE@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE RAVASINI   929   2555719
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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. Name of the limited liability company: **STUDIO RAME LLC**

2. (a) 12000 N BAYSHORE DR, APT 311

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

NORTH MIAMI, FL 33181

(b) 12000 N BAYSHORE DR, APT 311

Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

NORTH MIAMI, FL 33181

3. 09/03/2024
Date of filing/registration in Florida

4. L24000385714
Document number

5. (a) RODEIRO, VINCENT J.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

2455 FLAMINGO DRIVE #305

MIAMI BEACH
, FL 33140

(b) NICOLE RAVASINI

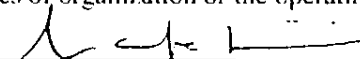Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
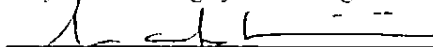
12000 N BAYSHORE DR, APT 311

NORTH MIAMI
, FL 33181

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

NICOLE RAVASINI

_____
Signature of a member or authorized representative of a member

_____
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

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

INHS18 (2/14)