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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## EC 30 PH L: 5

## LLC REGISTERED AGENT CHANGE R & D CAPITAL, LLC

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## 12/30/2024 12:30:19

## 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 hability 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: <u>R &amp; D CAPI</u>	TAL ILC
2. (a)	7901 4th St N STE 300	(b) /901 4th St N STE 300
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	
	St. Petersburg FL 33702 US	St. Petersburg FL 33702 US
	02/03/2005	M05000000711
3.	Date of filing/registration in Florida	4. Document number
5. (a)	HOWELL, TINA D	2
	Registered Agent and Registered Office shown on the record	Is of the Florida Dept. of State
	6815 Biscayne Blvd	
	Registered Office Address (MUST BE FLORIDA STRE	(ET ADDRESS)
	Suite 103 PMB 214	
		<del></del>
	Miami	
		_ <u> </u>
	Registered Agents Inc	LOST AL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist-</u>	ered Office address:
	7901 4th St N NEW Registered Office Address:	
	Nagracia come annex	
	STE 300	
	St. Petersburg	, F1, <u>33702</u>
the cha agent was/w	inge or changes are made, the Florida street addres will be idemical. Or, in the case of a Florida limite	e laws of the State of Florida, it is hereby confirmed that after is of the registered office and the business office of the registered id liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company.
······································	ture of a member or authorized representative of a member	Robin Jones  Printed or typed name of signee
-		•
There provis the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp, ligations of my position as registered agent as prov ely reflect a change in the registered office address d'in writing of this change.	agree to act in this capacity. I further agree to comply with the lefe performance of my duties, and I am familiar with and accept yided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been
Dovid	David Roberts - Assistant - As	nt Secretary
Signati	le of Registered Agent	