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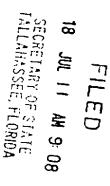
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000315582240

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COVERIETTER

	COV	ER LETTE	ER
TO: Registration Son Division of Co			
SUBJECT: The	Richard Tean		y Company
D C: M 1	Nume of Foreign	Ellinea Elaoini	y company
Dear Sir or Madam:			
The enclosed applicati	on, certificate and fee(s) a	re submitted for	filing.
Please return all corres	spondence concerning this	matter to the fol	lowing:
Michelle Rie	chard		
	Name of Person		
Almost Home	n Dool Estato S	Convicos	
Almost nome	e Real Estate S	el vices	
	ritti/Company		
12 High Str	eet		
	Address		
Westerly, R	I 02891		
	City/State and Zip Code	_ .	
michelle@s	almosthomere	s com	
	be used for future annual r		n)
•			
	n concerning this matter, p		
Michelle Ric		··· \	744-7721
	4		Daytime Telephone Number
	of Person	Area Code &	
Name		Area Code &	•
Name	URIER ADDRESS:	Area Code &	MAILING ADDRESS: Registration Section
Name STREET/CO Registration So Division of Co	URIER ADDRESS: ection orporations	Area Code &	MAILING ADDRESS: Registration Section Division of Corporations
STREET/CO Registration Solivision of Co	URIER ADDRESS: ection orporations	Area Code &	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
STREET/CO Registration Solivision of Co	URIER ADDRESS: ection orporations ng e Center Circle	Area Code &	MAILING ADDRESS: Registration Section Division of Corporations
STREET/CO Registration Solvision of Colifton Buildin 2661 Executiv Tallahassee, F	URIER ADDRESS: ection orporations ng e Center Circle	Area Code &	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	i I (1-4 must be completed)	
Name of limited liability Company as it appears State: The Richard Team, LLC	s on the records of the Florida	Department of
Enter new principal office address, if applicable:		SCEPT I
(Principal office address MUST BE A STREET ADDRESS)		TOOK 9.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	bility company is: M18000	0006237
3. Jurisdiction of its organization: Rhode Isla	and	
4. Date authorized to do business in Florida: July	y 5, 2018	· · · ·
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: (must	t contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the a	business in Florida and attach a atternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da Street Address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Title/ Capacity	<u>Name</u>	Address T	ype of Act
AMBR	Christopher Richard	12 High Street	Add
		Westerly, RI 02891	Rem
		٠	Add
			CRIP Ken
			- HANN
			Remo
			Add
			_[] Remo
			Add
			Remo

Filing Fee: \$25.00

Typed or printed name of signee