

nk1000007009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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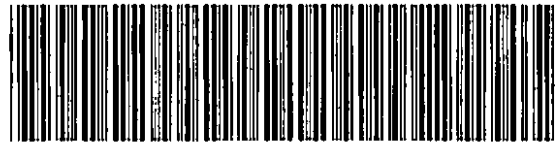
(Business Entity Name)

(Document Number)

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2018 MAR 29 P 11 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2018
T. LEMIEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ruth's List Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N14000007009

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bessie Skoures
Name of Contact Person

Ruth's List Florida, Inc.
Firm/Company

P.O. Box 272639
Address

Tampa, FL 33688
City/State and Zip Code

info@ruthslistfl.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bessie Skoures at (813) 605-8922
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ruth's List Florida, Inc.
2. The principal office address: P.O. Box 272639
Tampa, FL 33688
3. The mailing address (if different): 2203 North Lois Avenue, Suite mb5
Tampa, FL 33607
4. Date of incorporation/qualification: 2014 Document number: N14000007009
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Marley Wilkes

2203 North Lois Avenue, Suite M650

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer Blohm

131 North Gadsden Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

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If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314