# N73000009189

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Ridge PLayers NC.  Name of Limited Partnership or Limited Liability Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: N2300006 9189
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Samuetha Bogert Contact Person
The Ridge Players Firm/Company
1655 Victory Lane
NAPLES FL 3412 O City, State and Zip Code
The Cidge players in ( a gmail ( oM) E-mail address: To be used for future annual report solification)
For further information concerning this matter, please call:
Samonth's Bocyeet at (610) 509.5418  Name of Contact Person ( Area Code and Daytime Telephone Number

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

#### **Mailing Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida.  tered agent, or both, in the State of Florida.	_
<ol> <li>The name of th</li> <li>The principal of</li> </ol>	he corporation: The Ridge office address: 1655 VICT	Players Inc. Try Lane, Nopus, FL 31	_ <u>4</u> 120
3. The mailing ac	ddress (if different): 1655 Vic	itary Lane, Nopies, FL	<u>3</u> 412
4. Date of incorp	poration/qualification: 630 202	23 Document number: N 2'3 00000 9	91.89
	I street address of the current registered a tment of State: (If resigned, enter resigned	agent and registered office on file with the ed)	
	DANG Petero	<u> </u>	
	1655 Victory	/ Lane	
	NOWS, FL	34120	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office of the han heu	
	1655 Victor Nances FL	2y Lane 3 x NoT acceptable 3 34120	(-1
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its registered age	ent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	ed by its board of directors or by an officer so otified in writing of the change.	
Signatur	re of an officer or director	Samantha Bugers Printed or typed name and title	<u></u>
I further agree to of my duties, and document_is_beir	the appointment as registered agent at to comply with the provisions of all sta d I am familiar with and accept the ob- ng filed merely to reflect a change in the reen notified in writing of this change	tutes relative to the proper and complete performa ligation of mv position as registered agent. Or, if he registered office address, I hereby confirm that	ince this the
Aug M	nature of Registered Agent	9/23/24 Date	_
If signing on bel	half of an entity:		

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

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