(11)

P040000 37994

(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.		

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000437469810

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Rimessa, Inc. Name of Corporation		
DOCUMENT NUMBER: P04000037994		
The enclosed Statement of Change of Regist	ered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Courtney Proefrock		
Name of Contact Person		
Anderson Business Advisors		
Firm/Company		
3225 McLeod Drive, #100		
Address		
Las Vegas, NV 89121		
City/State and Zip Code		
ra@andersonadvisors.cor		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this matte	er, please call:	
Courtney Proefrock	at (800) 7064741 Area Code & Daytime Telephone Number	
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	Street Address: Amendment 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

CR2E045 (04/13)

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

	• "	617,0502, 607,1508, or 617,1508, Florida Statutes, this on organized under the laws of the State of Florida	
in orde	r to change its registered office o	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Rimessa, Inc.		
2. The principal office address: 350 NE 70th Street MIAMI, FL 33138			
3. The mailing a	address (if different):		
4. Date of incorporation/qualification: 2/26/2004 Document number:		Document number: P04000037994	
	d street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Registered Agent Inc		
	7901 4th St STE 300	·	
	St Petersburg, FL 33702	<u> </u>	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	
	Anderson Registered Agents, Inc.	::	
	625 E. Twiggs Street, Suite 110		
	Tampa, FL 33602	P.O. Box NOT acceptable	
The street addr	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
		adopted by its board of directors or by an officer so been notified in writing of the change.	
		Kim Stone, President	
1 hereby accent	re of an officer or director the appointment as registered a to comply with the provisions of all am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	Printed or typed name and little gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
(2_		09/30/2024	
Sig	nature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
A.T. Mathis, Pro	esident, Anderson Registered Agent	s,	
	yped or Printed Name	_	

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