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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: RAV Equipment Co., Inc.

Name of Corporation

DOCUMENT NUMBER: 500281138635

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:

Rafael Valle

Name of Contact Person

RAV Equipment Co., Inc.

Firm/Company

2588 Newmark Drive

Address

Deltona, Fl. 32738

City/State and Zip Code

gailmarie99@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Cardona

.786 \897

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

statement of cha	ange is submitted for a corporation organ	22, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State ofered agent, or both, in the State of Florida.	
1. The name of 1	the corporation: RAV Equipment	Co., Inc.	_
	office address: 2588 Newmark [Fl. 32738	Drive	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01-20-2016	Document number: 500281138635	
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	Rafael Valle		
	2588 Newmark Drive		
	Deltona, FL 32738		
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	
	Rafael Valle	P (7)	2011
	2588 Newmark Drive	는 C 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	2016 JAN 21
	Deltona, Fl. 32738	Facceptable STA	
		address of the business office of its registered agen	 
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so of the change.	0
Mal	liell	Rafael Valle, P	
I hereby accept I further agree performance of	ute of an officer or director  I the appointment as registered agent ar to comply with the provisions of all stat f my duties, and I am familiar with and tis document is being filed merely to ref that the corporation has been notified	Printed or typed name and title ad agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.	
1/1/	Vuel	Jan 19, 2016	
	gnature of Registered Agent	Date	
Rafael Va	ehalf of an entity:		
	Typed or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)