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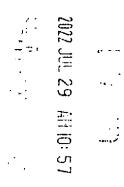
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■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
Enclosed is a check for the following amount:	:	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Name of Person	Area Code & Daytime Telephone Number	
ROBERT J. RIGGIO 386 at (451-4677	1
For further information concerning this matter, please ca	all:	科10:57
E-mail address: (to be used for future annual repor	t notification)	
r-mdaytona@msn.com		29
City/State and Zip Code		2022 JUL 29
PONCE INLET, FL 32127		202
Address		
2 DAGGETT CIRCLE		
Firm/Company		
Name of Person		
ROBERT J. RIGGIO		
Please return all correspondence concerning this matter to	to the following:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Dear Sir or Madam:		
Name of Lim	nited Liability Company	
SUBJECT: LAW OFFICES OF ROBERT J. RIGGIO, P.A	.	
TO: Registration Section Division of Corporations	5	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: LAW OFFICES C	OF RO	BER	T J. RIGG	GIO, P.A.			
7	(a)	2 DACCETT CIRCLE			P.O. BOX	C 291143			
	(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(/		Mailing address of limite			-
		PONCE INLET			PORT OR	ANGE			
		FLORIDA 32127			FLORIDA	A 32129			
		07/02/1997		Í	970000579	998			
3.		Date of filing/registration in Florida	4.	_		Document number	•	-	
5	(a)	ROBERT J. RIGGIO, ESQ.							
٥.	()	Registered Agent and Registered Office shown on the records of				te:			
		Registered Office Address (MUST BE FLORIDA STREET A 400 SOUTH PALMETTO AVENUE	41/1/NT	2007					
					<u></u>	_			
		DAYTONA BEACH	32114			_		2022 JUL 29	
							2; k	<u>ال</u> 2	ε ε 1
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office			_		N	
		Enter hance of NEW Registered Agent and/or NEW Registered	CHICE	auu	1633.		•:		
								All 10: 5	٠:
		NEW Registered Office Address:				_		Ö	v ger s²
		2 DAGGETT CIRCLE				_		57	
		PONCE INLET, FL	32127			_			
ch ag wa	ange ent v is/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist bility of the l limite	erec con imi d lia	l office an npany, it i ted liabilit	nd the business office is hereby confirmed to ty company or as oth appany.	of the l	register change	ed (s)
_	Signa	ture of a member or authorized representative of a member	_		· ·	Printed or typed name	of signee		
protected to	ovisi g obl mer tified	by accept the appointment as registered agent and agri loss of all statutes relative to the proper and complete logations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to c perfor I for it iereby	ict i mai n Cl r cor	n this cap ace of my apter 605 afirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to con iliar wi cument compan	nply with and c is being y has be	h the accept filed en
		/							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00