

L00 000000196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

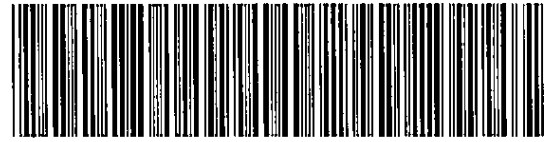
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2019

GEORGE T. RAMANI & ASSOCIATES, P.L.
121 ALHAMBRA PLAZA STE 1500
CORAL GABLES, FL 33134

SUBJECT: GEORGE T. RAMANI & ASSOCIATES, P.L.
Ref. Number: L00000000196

We have received your document for GEORGE T. RAMANI & ASSOCIATES, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 419A00011959

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEORGE T. RAMANI AND ASSOCIATES PL
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE T. RAMANI
Name of Person

GEORGE T. RAMANI AND ASSOC PL
Firm/Company

121 ALHAMBRA PLAZA SUITE 1500
Address

CORAL GABLES, FL 33134
City/State and Zip Code

GEORGETRAMANI@RAMANILAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE RAMANI at 305, 381-6811
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: GEORGE T. RAMANI AND ASSOC. PL

2. (a) 121 ALHAMBRA PLAZA (b) 121 ALHAMBRA PLAZA
 Principal office address of limited liability company Mailing address of limited liability company
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE 1500 SUITE 1500
CORAL GABLES, FL 33134 CORAL GABLES, FL 33131

3. 01/06/2000 4. 200000000196
 Date of filing/registration in Florida Document number

5. (a) GEORGE RAMANI
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

121 ALHAMBRA PLAZA
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 1500
CORAL GABLES, FL. 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

121 ALHAMBRA PLAZA
SUITE 1500
CORAL GABLES, FL. 33134

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] GEORGE RAMANI
 Signature of a member or authorized representative of a member Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent