

(Requestor's Name)							
(Add	dress)						
/A.d.	dress)						
(Au							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(D ₁₁)	siness Entity Nar	mo)					
(bu	siness Entity ivar	пеј					
(Document Number)							
Certified Copies	_ Certificate:	s of Status					
Special Instructions to	Filing Officer:						
		•					

Office Use Only



800293294088

12/15/16--01024--003 **450.00

THE DEC 15 PH 4: 03

DEC 1 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: RBI ALLIANCE LLC						
	mited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Patrice A. Tedescko, Esq.						
Name of Person						
Myron E. Siegel, P.A.						
Firm/Company						
1055 S. Federal Hwy						
Address						
Hollywood, FL 33020						
City/State and Zip Code						
patrice@siegelaw.com						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
Patrice A. Tedescko at (954 703-1653					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton 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					
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.

i.	Na	me of the limited liability company: RBI ALLIANCI	E LL	.C				
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		19550 AMBASSADOR CT	_	_	19550 A	AMBASSADOR CT		
		NORTH MIAMI BEACH, FL 33179	_	_	NORTH	MIAMI BEACH, FL 3	3179	
		06/20/2016		L	140001	07058		
3.		Date of filing/registration in Florida	4,	_		Document number		
5.	(a)	Myron E. Siegel						
J. (a.		Registered Agent and Registered Office shown on the records of the Florida Dept. of State				 te:	16 DEC	ALL AL
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		12.75°
		1920 E. Hallandale Beach Blvd, Suite 801				2	: XX	
		Hallandale Beach , FL	3300	09		_	PM 4:	
	(b)	· /				-	ų: 03	\$P
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office :	addr	ess:			
		Myron E. Siegel, P.A.						
		NEW Registered Office Address:				_		
		1055 S. Federal Hwy				_		
		Hollywood , FL	3302	20		_		
the age	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the rep bility f the li	egiste com limit	ered offic ipany, it i ed liabili	e and the business office of is hereby confirmed that the ty company or as otherwise	of the re	gistered ge(s)
_	Signat	ture of a member or authorized representative of a member				Printed or typed name of sign	iee	
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in hyriting of this change.	ee to a perfor for in ereby	act ii rman n Ch v con	n this cap ace of my apter 60 firm that	pacity. I further agree to c duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply v with and nt is bein any has	vith the d accept ng filed been
Si	gnata	Megistered Agent						
	/	Division of Corporations P.O. B	ox 63	327•	Tallaha	ssee, FL 32314		