

Division of Corporations Electronic Filing Cover Sheet

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| | Division of Corporations | | ر. |
| | Fax Number : (850)617-6383 | | - • |
| | | | ٦. |
| From: | | | |
| | Account Name : BLUMBERG/EXCELSIOR CORPORAT | E SERVICES, | INC |
| | Account Number : 075350000353 | | . <i>:</i> |
| | Phone : (800)221-2972 | _ | CC |

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Fax Number

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LLC REGISTERED AGENT CHANGE R AND B 2016, LLC

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Corporate Filing Menu

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October 31, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

R AND B 2016, LLC 502-7765 BOULDVARD ST-MARTIN OUEST LAVAL, QC, H7X0C-6CA

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SUBJECT: R AND B 2016, LLC

REF: L16000128978

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a corporation, this is an LLC.

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Karen A Saly Regulatory Specialist II FAX Aud. #: H18000309373 Letter Number: 518A00022439

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.

| | | (| b) | | | | |
|-------------------|---|-------------------------------------|--|--|------------------------------------|--------------------------------------|-----------------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 502-7765 BOULDVARD ST-MARTIN OUEST LAVAL, QC H7X0C-6 CA | | , | Mailing address | | | |
| | | | MAY RE POST OFFICE BOX) 502-7765 BOULDVARD ST-MARTIN OU LAVAL, QC H7X0C-8 CA | | | | |
| | | | | | | | |
| | 07/07/2016 | | L16000 | 128978 | <u>-</u> | | |
| | Date of filing/registration in Florida | ١. | | Document n | umber | | |
| a) | TAX MANAGEMENT GROUP LLC | | | | | | Ġ |
| | Registered Agent and Registered Office shown on the records of the F | lorida | Dept. of St | 3.to; | | - | 7 |
| | | | | | • | Q_{i} | • |
| | Registered Office Address (MUST BE FLORIDA STREET ADDI | 7.55 | 2 | | | . <u></u> | |
| | 5135 CAMINO AL NORTE STE 100, SUITE 10 | | _ | | • | | |
| | N LAS VEGAS 890 | | | _ | | | |
| | N LAS VEGAS , FL 890 | | | _ | | | |
| | | | | - | | | |
| | NEW Registered Office Address: | | | | | | |
| | NEW Registered Office Address: 155 Office Plaza Drive, 1st Fl. | | | _ | | | |
| | | 01 | | - | | | |
| lim ang wil | TALLAHASSEE FL 3230 Tallahasse FL 3230 FL 3230 Tallahasses Tallahasses FL 3230 FL 3230 Tallahasses FL 3230 Tallahasses Tallahasses FL 3230 Tallahasses Tallahasses FL 3230 Tallahasses Tallahasses | the S | ered office npany, it is ed liability ibility con | e and the busing s hereby confir y company or a npany, | as offici | of the re | gistered |
| lim ang wil | TALLAHASSEE ,FL 3230 ited liability company is not organized under the laws of the organized are made, the Florida street address of the reliable identical. Or, in the case of a Florida limited liability authorized by an affirmative water of the members of the | the Segist con limit d lis | ared office apany, it is ed liability ibility con | e and the busing shereby confirm y company or a spany. Stewart Printed or typed: | ess office med that a otherw | of the re the chang ise provid | gistered pc(s) led in |

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