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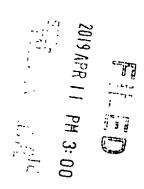
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PICK-UP	☐ WAIT	MAIL		
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R. WHITE 433 17 233

COVER LETTER

TO: Registration Olivision o	on Section f Corporations	
SUBJECT:	RILZ, A	nited Liability Company
Dear Sir or Madan	1:	
The enclosed Regi	stered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
Robert	-V. Libertini,	II
RV	Name of Person	
	Firm/Company	
1855	ow 7th wit 250	7
	Address	
Mian	City/State and Zin Code	0
^ .	City/State and Zip/Code	
	ertivie quail.	
E-mail addre	ss: (to be used for future annual repo	ert notification)
For further inform	ation concerning this matter, please o	raff:
Robert	1. Libertini, II all	305, 469-5285
N:	une of Person	Area Code & Daytime Telephone Number
Registratio Division o Clifton Bu 2661 Exec	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

1NHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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:			
2. (a)	Robert V. Libertini, II (b)			
_, ,,,	Principal office address of limited liability company: Mailing address of l (Note: MUST BE STREET ADDRESS) (Note: MAY BE		- ,	•
	185 SW 7451, UNIT 2507 1855W745	TijuN.	425	07
	Miani, FL 33130 Miani, FL	<u>33</u>	130)
	May 10, 2018 L 1800011	74	7/	
3.	Date of filing/registration in Florida 4. Document num	iber		
5. (a)				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	13307 HILL ACTION OF THE PERMITS STREET ADDRESS!			
	1 5 50 & Willing Cla Color	ون 1-45	201	
	Tampa .FL 33612	12 ± 1	1 1 2019 APR	
	•	:	- ÷	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	. *	— i	T)
		c	P로 :	ા છ ક્લામ
	Kohelt V. hibertivi, I	. ,.	ယ္ *	rest Sept
	NEW Province and Others Address	1 =1	00	
	1401 Brickell Avenue, Suite 530)		
	Miami 33/3/			
II the li	imited liability company is not organized under the laws of the State of Florida, it is hereb	v confirn	ned that a	fter
the cha	inge or changes are made, the Florida street address of the registered office and the busine will be identical. Or, in the case of a Florida limited liability company, it is hereby confirm	ss office	of the reg	istered
was/we	te authorized by an affirmative vote of the members of the limited liability company or as	otherwis	se provide	ed in
the arti	cles of organization of the operating agreement of the limited liability company.	1 ml	5,,,	77
	ture of a member or authorized representative of a member Primed or typed n	ame of sign	<i>VI [</i>	

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. Thereby confirm that the limited liability company has been notified in writingly this charge.

Signature of Registered Agent