I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

AR

SIGNATURE: ALFRED SPELLMAN

Electronic Signature of Registered Agent

SIGNATURE: ALFRED SPELLMAN

### **Officer/Director Detail :**

Title	D	Title	D	
Name	SPELLMAN, ALFRED	Name	COHEN, WILLIAM	
Address	PO BOX 403004	Address	PO BOX 403004	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140	

### The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Certificate of Status Desired: No

# **Current Principal Place of Business:**

927 LINCOLN ROAD SUITE 200

### DOCUMENT# P16000020179

Entity Name: RAKONTUR HOLDINGS CORPORATION

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT** 

MIAMI BEACH, FL 33139

### **Current Mailing Address:**

PO BOX 403004 MIAMI BEACH, FL 33140 US

### FEI Number: 81-1752011

## Name and Address of Current Registered Agent:

RAKONTUR LLC 927 LINCOLN RD STE 200 MIAMI BEACH, FL 33139 US

05/12/2020 Date

05/12/2020

Electronic Signature of Signing Officer/Director Detail

## FILED May 12, 2020 Secretary of State 6863851881CC