F24000004016

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COVER LETTER

TO:

Amendment Section

SUBJECT: Rakia USA, Corp	
Name of Corporation	
DOCUMENT NUMBER: F24000004016	
The enclosed Statement of Change of Registered Office/Agent and fee are su	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
Eyal Alfi	
Name of Contact Person	
Rakia USA, Inc.	2
Firm/Company	SE DA
135 San Lorenzo Ave, Ste 530	TACA PE
Address	
Coral Gables, FL 33146	生気のは
City/State and Zip Code	35°C PF "
ealli@panyorkproperties.com	FF 2
E-mail address: (to be used for future annual report notification)	2024 DEC -6 PH 2:51 2024 DEC -6 PH 2:51 SECRETARY OF STATE SECRETARY SEE, FL
For further information concerning this matter, please call:	
Lazaro Mirabal at (⁷⁸⁶) ²⁸	37-0005
Name of Contact Person Area Code & D	37-0005 Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7,0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{\Gamma}{2}$ registered agent, or both, in the State of Fl	Delaware	
1. The name of t	he corporation: Rakia USA, Corp.			
2. The principal office address: 135 San Lorenzo Ave, Ste 530, Coral Gables, FL 33146				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/18/2024	Document number: F24	000004016	
5. The name and		ered agent and registered office on file wit		
	Eyal Alfi			
	135 San Lorenzo Ave, Ste 530		202 St	
	Coral Gables, FL 33146		THE THE	
6. The name and (if changed):	l street address of the new registere	d agent (if changed) and /or registered off	TARY OF PH	
	Registered Agents Inc.			
	7901 4th Street N. Ste 300		7:51 7:51	
		PO Box NOT acceptable	, W	
	St. Petersburg, FL 33702			
		street address of the business office of its		
Such change wa authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
_		Eyal Alfi Director		
Signali	re of an officer or director	Printed or typed name and til		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this cl	ent and agree to act in this capacity. Ill statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	plete performance 1 agent. Or, if this ny confirm that the	
	avid Roberts	12/05/2024		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
David Roberts,	Assistant Secretary			
7	yped or Printed Name	-		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)