L05000076960

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

REWARDS LLC

Certificate of Status	0
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Page Count	03
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$ 25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rewards, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Shdeed
(Name of Person)

CT Corporation System
(Firm/Company)

101 Federal Street, Suite 300
(Address)

Boston, MA 02110
(City/State and Zip Code)

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For further information concerning this matter, please call:

Lisa Shdeed at (617) 757-6402 ext. 3206
(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

DNHS18 (3/05)

FL015 - 08/05/2004 CT System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Rawcels LLC

2. The mailing address of the limited liability company is: 4618 Sylvan Rankin Street, Tampa, FL 33609

08/04/2005 — 3. Date of filing/registration in Florida

L05000076963 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BAFF, STUART J ESQ C/O ALLEY MAASS ROGERS & LINDSAY, P.A.
Name

340 ROYAL POINCIANA WAY, SUITE 321
Address

PALM BEACH, FL 33480
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

By: [signature]
(Signature of the member or authorized representative of a member)

Deanna M. Roy
(Printed or typed name of signer)

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 relating 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 608, F.S. Or, if this statement is filing that is hereby noticed a change in the registered office address, I hereby confirm that the limited liability company has authorized me to execute and deliver this change.

[signature] Secretary
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $35.00

INHS18 (3/05)

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