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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

Pi lid ag	ursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited ability company submits the following statement in order to change its registered office or registered gent, or both, in the State of Florida.
1.	The name of the limited liability company is: RRRALTUK LCC.
2	The mailing address of the limited liability company is: 9000 Carron 1/2045 42

2. The mailing address of the limited liability company is: 9808 GRANO VERDE Way \$809

Soca RATON, FL 3 3428.

LOGOGO 32763

3. Date of filing/registration in Florida

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:

Name

Name

2200 N Commerce lankuay #206

Address

Weston, FL 33326

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

ANTHONY NOME 4

2200 W Glades Road # 6/1

Florida street address (P.O. Box NOT acceptable)

Boca Rato NFL 3343/

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.

(Signature of a member or authorized representative of a member)

STEPHANE NOHRA
(Printed or typed name of signee)

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 608, F. G. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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