L06000094649

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
. <.		
11V 7 5 PH 4: 21 15 2 MIL 15 7 ORIDA		
C TO E	Office Use On	у



700299039307

05/16/17--01003--011 **25.00



MAY 1 6 2017 Y SULKEI

COVER LETTER

Division of Corporations		
SUBJECT: R.B. & SONS T	Sevelorment, CCC	
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 r	matter to the following:	
MAFAEL M. BOWAT		
R.K. E Sows Develor Firm/Company	omat, LCC	
4227 SW 71 Aven	we_	
MAMIFE 33155 City/State and Zip Code		
DJ@ Jeffrey LAWFIRM. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MAFAEL Bonafonte at 786, 717-7966		
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	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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. Name of the limited liability company: R.B. & SUNS Development, CCC
2. (a)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
42275W71AVE 42275W71AVE
MIAMI FL 33155 MIAMI FL 33155
9/26/06 206000094649
3. Date of filing/registration in Florida 4. Document number
5. (a) RAFALL M. BONAFONTE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4427 SW 71 AVENUE
22156
MIUWI ET 33122
DOUGLAS J. JEFFREY, ESQ.
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
6625 MIAMI Lakes Dr. East #379
MIAMI Lakes ,FL 33014 (305) 828-4744
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 dentical /Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were anthorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of graphication or the operating agreement of the limited liability company.
MINIMAN (A CALL M. BURAFUNE
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appoin ment 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, I hereby confirm that the limited liability company has been
notified in writing of this change. Signature of Registered Agent
Double of Registered Agent Seffre 7 ESO Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00