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TO:

INHS18 (2/14)

Registration Section

Division of Corporations	
SUBJECT: RKB Capital i	LC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Marc Bell Name of Person	
RKB Capital LLC Firm/Company	
6800 Broken Sound Pkwy Address	NW Ste 200
Boca Raton, FL 33487 City/State and Zip Code	
mbell @inarcheil. com E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
Marc Bell at (5	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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.

n V B A a	امانہ			·	
1. Name of the limited liability company: RKB Ca	•		a. C		
2. (a) <u>6800 Broken Sound Pkwy NW</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b) <u> <i>U</i> </u>	00 Brok) Mailing addres (Note: MA)		oility compar	ny:
Suite 200	Su	ute 200) 		
Buca Ratun FL 33487	<u>B0</u>	ca kar	on FL	3348	37_
12/10/2008	Ll	78000113	170		
3. Date of filing/registration in Florida	4.	Document i			
5. (a) Jo-Jean Figueira, Esq. Registered Agent and Registered Office shown on the records of the		f State:			
10800 Broken Sound PKWY 1 Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	<u></u>	124	<u>. 2</u>	
Suite 200			i i i	2020 HAY 12	
Boca Raton FL	33487		SSKE		•
(b) Marc Bell			اران باران سازان		٠
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Or</u>	ffice address:		20.2- 20.2-	AMII: 2	
6800 Broken Sound Pkwy	NW		•©	27	
NEW Registered Office Address:					
Suite 200					
Boca Raton FL.	33487				
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liabi was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the lin	gistered offic- lity company, he limited lia	e and the busine , it is hereby con bility company (ss office of t firmed that t	he register he change	red (s)
	_maa	C Bell- Printed or typ	membe	2)	
Signature of a member or authorized representative of a member		• •	_		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for merely reflect a change in the registered office address. I her notified in writing of this change.	to act in this rformance of or in Chapter eby confirm t	capacity. I furth my duties, and I 605, F.S. Or, if hat the limited b	ier agree to am familiar this docume tability comp	comply with and cont is being bany has be	th the accept z filed een

Signature of Registered Agent