

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000213236 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	

LLC REGISTERED AGENT CHANGE **RASUB LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

\cap	SI	ıΜ	Į٧	`
	_			

JUL 0 8 2020

Electronic Filing Menu Corporate Filing Menu

Help

	COVER DETTER?
TO: Registration Section Division of Corporations	·
SUBJECT: RASUB LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Person	A CONTRACTOR CONTRACTO
Pagintared Agent Solutions Inc.	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Mary Castillo	888 705-7274
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 a	amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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. Na	ume of the limited liability company: RASUE	3 LLC	<u> </u>		
2. (a)	1000 SOUTH POINTE DRI	VE	_(b) 1000 \$	SOUTH PC	INTE DRIVE
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limit	
	APT. 1704		APT.		21 V-1140 BVD
	MIAMI BEACH, FL 33139		MIAM	I BEACH	, FL 33139
	3/3/2011		L1100	0027130	
3.	Date of filing/registration in Florida	4.]	Document number	
5. (a)	MELWANI, RAJ				
, ,	Registered Agent and Registered Office shown on the records 1000 SOUTH POINTE DR		da Dept, of State:		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE.	<u>22)</u>		
	MIAMI BEACH	_{fl} 331	39		2029
(b)	Registered Agent Solutions	s, Inc	•		2029 JUI - 7
•	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	iddress:		
	155 Office Plaza Dr.				
	NEW Registered Office Address: Suite A		***************************************		<u>က</u> ယ
	Tallahassee	_{FL} 323	301		
	Tananassee	FL OZC			<i>a</i>

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.

/s/ N	⁄lichael	Hanson	
-------	----------	--------	--

Michael Hanson

Manager

Signature of a member or authorized representative of a member

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 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent