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To:

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:_____

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LLC REGISTERED AGENT CHANGE RASUB LLC

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RASUB LLC				
	e of Limited Li	ability 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 f	following:		
Mary Castillo				
Name of Person				
Registered Agent Solutions, Inc.	 			
Firm/Company				
5301 Southwest Pkwy, Suite 400				
Address		_		
Austin, Texas 78735				
City/State and Zip Code				
E-mail address: (to be used for future annu	ial report notifi	cation)		
For further information concerning this matter, p	please call:			
Mary Castillo	at (<u>888</u>	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:			
□ \$25 Filing Fee	□ \$5	5 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. N	ame of the limited liability company: RASUB LL	<u>.C</u>					
2. (a)	1000 SOUTH POINTE DRIVE	(_(b) 1000	SOUTH F	POINTE	E DF	RIVE
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	-/	Mailing address o			
	APT. 1704		APT.	(<u>Note: MAY B</u> 17∩∆	<u>E POST OF</u>	FICE N	<u>U.</u> ()
		_			FI 00	400	
	MIAMI BEACH, FL 33139	_	MIAN	11 BEACH	, FL 33	139	
	03/03/2011		L1100	0027130			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	REGISTERED AGENT SOLUTIO	NS,	INC.				
J. (4)	Registered Agent and Registered Office shown on the records of t	he Floric	da Dept. of Sta	nte:			
	2894 REMINGTON GREEN LANI	Ε					
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES	<u>:2)</u>				
	SUITE A						
	TALLAHASSEE	3230	 08	_			
	, 1 L_				严紹	2023	
(b)	Raj Melwani			_	- S	<u></u>	7:
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		要当	2023 JUL 10	$\frac{1}{2}$
	1000 South Pointe Drive Unit 1704					O PM	LED NOVE
	NEW Registered Office Address:				元号	÷:	Ċ.
			 	_	폭폭	32	
					•		
	Miami Beach , FL	3313	9				
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ibility c f the lii	gistered office company, it mited liabili	ce and the busing is hereby confinity company or a	ness office or the the state of	of the he cha	registered nge(s)
	Ray Melwani Hursof a member or authorized representative of a member	R	aj Melwar	ni			
				Printed or typed	•		
provisi the obt to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing public change. Mackenzie Hibler, Assistant Secretary	ee to ac perform I for in tereby c	et in this cap nance of my Chapter 60 confirm tha	pacity. I further duties, and I a)5, F.S. Or, if th t the limited liad	r agree to c m familiar his docume hility comp	comply with a nt is be any he	e with the and accept eing filed as been

Signature Registered Agent