L11000056779

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COVER LETTER

Division of Corporations							
SUBJECT:	LC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the following:						
Alejandro Kaba							
Name of Person							
Kaba Consulting							
Firm/Company							
1655 E Hwy 50 STE 203							
Address							
CLERMONT fl 34711							
City/State and Zip Code							
alejandro@kabaconsulting.com							
E-mail address: (to be used for future ann	ual report notification)						
For further information concerning this matter,	please call:						
Alejandro Kaba	352 243-8460						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following	amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

TO:

Registration Section

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	Name of the limited liability company:	RAHEB	D.C. LLC		
2. (a	10404 North 62nd Street.	(b) 10404 North 62nd Street.			
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO		
	Temple Terrace FI 33617	· · ·	Temple Terrace Fi 3361	7	
	05/12/2011	L	.11000056779		
3.	Date of filing/registration in Florida	4.	Document number	r	
5. (a	, RAHEB, JEFFREY E				
J. (J	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:		
	6705 38TH AVE N SUITE B ST. PETERSB	URG, FL	33710		
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)			
	6705 38TH AVE N SUITE B				
	ST. PETERSBURG	33710			
	, FL				
(b	、Alejandro Kaba				
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	······································		: `` ** ** *
				ا پ	141 44
	Kaba Consulting			7G	
	NEW Registered Office Address:			1.5	
	1655 E Hwy 50 STE 203		•	_è	•
	CLERMONT , FL	34711			
the chagent was/v the ar	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the member or authorized representative of a member reby accept the appointment as registered agent and agreemy accept the appointment as registered agent and agreement of the member or authorized representative of a member reby accept the appointment as registered agent and agreement of the member of a member of a member of the member of a member of a member of a member of the member of a member of a member of the member of a member of a member of the member of a member of the member of a member of a member of the member of a member of a member of the member of the member of a member of the member	the register ability composite limited lianus Jeffre	ered office and the business of apany, it is hereby confirmed ed liability company or as of ability company. ey E Raheb Printed or typed name	office of the that the cherwise properties of signee	ne registered hange(s) rovided in
provi the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely referse change in the registered office address, I led the registered office address, I led the registered of the change.	performan d for in Ch hereby con	nce of my duties, ånd I am far napter 605, F.S. Or, if this de nfirm that the limited liability	miliar with ocument is company	h and accept being filed has been

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

Signature of Registered Agent