## 1300048844

(R	equestor's Name)		
- (A	ddress)		
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(C	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rmm Ca	binets LLC ame of Limited Liability Company	
178	ame of Elimited Claumity Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Shlomo Levi		
Name of Person		
Firm/Company	<u> </u>	
1616 NW 2nd A	lve	
Address		
Boca Raton, FL City/State and Zip Code	33432	
E-mail address: (to be used for future at	nnual report notification)	
For further information concerning this matter	er, please call:	
Shlomo Levi	at (_954) 588 -6353	
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. Nar	me of the limited liability company: Rmm Cab	inefsLL C
2. (a) _	10050 Somich Tolor RIVE FIX	(b)
2. (u) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Boca Ra fon, FL 33498	Mailing address of limited liability company:  (Note: MAY DE POST OFFICE BOX)
	4/3/13	L13000048844
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Shlomo Lev! Registered Agent and Registered Office shown on the records of the Flori	de Dant of State
	10050 Spanish Isles B1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRE.	· · · · · · · · · · · · · · · · · · ·
	Boca Raton ,FL 3 Shabfai Levy	33498
(b)	Shabfai Levy	SSE 3 SE 7 SE 7 SE 7 SE 7 SE 7 SE 7 SE 7 SE 7
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> a	address:
	10050 Spanish Isle	s Blvd See See
	NEW Registered Office Address:	
	Boca Raton ,FL :	33498
the char agent w was/wer	mited liability company is not organized under the laws of the nge or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
	ure of a member or authorized representative of a member	t timed of typed hame of signee
provisió the obli to mere	by accept the appointment as registered agent and agree to a ons of all statutes relative to the proper and complete perfor igations of my position as registered agent as provided for intelliptive to change in the registered office address, I hereby in writing of this change.	act in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature	re of Registered Agent	