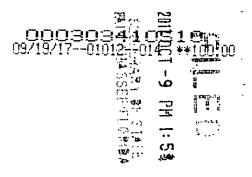
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		,
(h	Requestor's Name)	
(A)	ddress)	
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(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(C	Oocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions t	o Filing Officer:	
<u></u> 	स्या । । । । । । । । । । । । । । । । । । ।	
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OCT 10 2017 HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJECT: RGB Assets Four LLC	RGB Assets Four LLC								
Name of Lim	ited Liability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Richard Bhanap									
Name of Person									
RGB Assets Four LLC									
Firm/Company	<del></del>								
360 Grunion Court									
Address									
Foster City, CA 94404									
City/State and Zip Code									
richard.bhanap@gmail.com									
E-mail address: (to be used for future annual report	rt notification)								
For further information concerning this matter, please co	all:								
Richard Bhanapat (	(904) 200 6735								
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.	Na	ame of the limited liability company: RGB Assets	Four	LL	C				
2.	(a)	360 Grunion Court		(h)	360 Gru	union Court			
	( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)		Mailing address (Note: MAY)	of limited lia		
		Foster City			Foster C	City			
		CA 94404	_		CA 9440	04			
		25 November 2013		ı	_1300016	64536			
3.		Date of filing/registration in Florida	4.	-		Document no	umber		
5.	(a)								
•,	()	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State	- e:			
		REGISTERED AGENTS INC.							
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	:SS)	<u></u>	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2017	Andri (50 at 140)
		3030 N ROCKY POINT DR STE150A					78° (11)	007	indicate.
		TAMPA , FL	3360	)7		_	を持ち	e - 1	etern.
							ers of Fra stre	PH	
	(b)	The CNOWN Park of the CNOWN Pa	0.00		· —	-	11 T	_13. 	F START
		Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		A. 10 100	ÇN.	` .
		CFRP REALTY LLC					Jan 123	HD.	
		NEW Registered Office Address:				-			
		217 N Westmonte Drive #2018	<del></del>			_			
		Altamonte Springs , FL	3271	4		_			
the ag wa the	ent v ent v is/wo e arti	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 liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the member of a member or authorized representative of a member	ws of t the reability of the l	he segisticos cor imi d li	ered office npany, it is ted liability	e and the busi s hereby confi y company or npany.	ness office irmed that as otherwi	of the the cha ise pro	registered
L	herei	by accept the appointment as registered agent and agr	ee to i	act .	in this cape	acity I furthe	er agree to	compl	ly with the
pr the to	ovisi e obl. mere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perford d for it hereby	rma n C	nce of my c hapter 605 nfirm that i	duties, and I d , F.S. Or, if i the limited lid	am familiai his docum ibility com	r with ent is l pany h	and accept being filed as been
		John Pannel							

Signature of Registered Agent