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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
CUDIE	RAINCOR LLC			
SUBJE		of Limited Liab	ility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	Change and fee	e(s) are submitted for filing.	
Please	return all correspondence concerning this r	natter to the fol	lowing:	į
BAIN	ER BARANY			1
	Name of Person			
	Firm/Company			
881 C	OCEAN DR STE 10D			
	Address	<del></del>		•
KEY	BISCAYNE, FL 33149			1
	City/State and Zip Code			,
RBAF	RANY@XPANDCG.COM			
E	-mail address: (to be used for future annual	report notifica	tion)	
For fur	ther information concerning this matter, ple	ase call:		
RAINI	ER BARANY	305	450 5659	
	Name of Person		Area Code & Daytime Telephone Number	r
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
	Enclosed is a check for the following an	10unt:		
	□ \$25 Filing Fee	<b>2</b> \$55 l	Filing Fee & Certified Copy	
INHS18	3 (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.

107144	RAINCOR					
. Na . (a)	me of the limited liability company:		881 OCEAN	DR STE 10D		
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  KEY BISCAYNE, FL 33149		Mailing ( <u>Note</u>	address of limited lia :: MAY BE POST O NE, FL 33149	<u>FFICE BOX</u>	ny: )
	12/13/2013		L13000172883	3		
(a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.	Docu	ment number		
(4)	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		5.0	.2017.	ىن
	PLANTATION	33324 FL_			2817_NC.V6	# -,
(b)	RAINER BARANY				50 22 24	; ;
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 881 OCEAN DR STE 10D	red Office add	ress:	<del>-</del> . :	2:	
	NEW Registered Office Address:		<del></del>	₹ <b>.</b>	0	
	KEY BISCAYNE	33149			1	
chai ent w is/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members clear to organization or the operating agreement of the companization of the operating agreement of the companization or the operating agreement of the company o	of the regis liability cons s of the limi he limited li	ered office and the npany, it is hereb ted liability comp	he business office by confirmed that pany or as otherw	e of the reg the change	i <b>ș</b> tered (s)
Signati	use of a member or authorized representative of a member		Printed	d or typed name of sig	gnee	1 -
ovisic e obli mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, inverting of this change.	igree to act ite performa ded for in C I hereby co	in this capacity. nce of my duties, hapter 605, F.S. nfirm that the lim	I further agree to and I am familia Or, if this docum iited liability com	comply wi r with and ent is being pany has b	th the accep g filed een
ghatur	e of Registered Agent					4

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