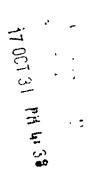
L15000104887

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Office Use Only



500304094735







CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|---|--|--|--|--|--|
| REFERENCE : 891956 4384197 | | | | | |
| AUTHORIZATION: Smell Reman | | | | | |
| COST LIMIT : \$ 25.00 | | | | | |
| ORDER DATE: October 31, 2017 | | | | | |
| ORDER TIME : 3:38 PM | | | | | |
| ORDER NO. : 891956-045 | | | | | |
| CUSTOMER NO: 4384197 | | | | | |
| CHANGE OF AGENT | | | | | |
| NAME: RIMMON MANAGEMENT LLC | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | |
| CONTACT PERSON: Roxanne Turner EXT# | | | | | |

EXAMINER: ____

J. X.

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 | lame of the limited liability company: RIMMON MAN | IAGEMENT | LITC |
|--------------------------------------|---|--|---|
| 2. (a) | | (b) | |
| ` , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 425 W. 41st Street | | PO Box 6481 |
| | Miami Beach, FL 33140 | | Surfside, FL 33154 |
| | 06/17/2015 | 1 | L15000104887 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) |) CF Registered Agent, Inc. | | |
| | Registered Agent and Registered Office shown on the records of | . – | Dept. of State: |
| | 100 S. Ashley Drive | | ~ |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | <u> </u> |
| | Suite 400 | | 7 00 |
| | Tampa , FI | L33602 | PCT 31 |
| | | | |
| (b) | Corporation Service Company | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office addre | AM 7: 07 |
| | • | | AM 7: 07 |
| | 1201 Hays Street | | |
| | NEW Registered Office Address: | | |
| | Tallahassee , FI | 1 32301 | |
| | , FI | L_3230! | |
| he cha agent was/w | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | f the registe iability com of the limite | ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in |
| | Marsier | Ricard | do A. Nevarez, Mgr. |
| Sign | aturget a member or authorized representative of a member | | Printed or typed name of signee |
| I here provis the ob to mer | eby accept the appointment as registered agent and ag ions of all statules relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I | ree to act in e performan ed for in Cho hereby conj | n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed Hirm that the limited liability company has been |
| V | ed in writing of this change. | | Roxanne Turner |
| Signate | ure of Registered Agent Corporation Service Company | BY: | Asst. Vice President |