434

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

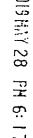
Office Use Only

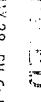


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05/28/19--01005--009 **25.00

R. WHITE.





COVERLETTER

	COVERIFEER
TO: Registration Section Division of Corporations	
REBCOUL, ELC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Benjamin Gene	
Name of Person	
Keyes Property Management	
Firm/Company	
4301 N Federal Highway, Ste. 2	
Address	
Pompano Beach, FL 33064	
City/State and Zip Code	
Bgene@keyespm.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Benjamin Gene	561-598-5760
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following:	amount:
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
BUILDING (1) 1)	

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.

I. Na	ame of the limited liability company: REBCOUL,	LLC	
2. (a)	990 Biscayne Blvd	(b)	
2. (4)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) Office 701	10,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33132		
	09/09/2015	L150001	54434
3. 5. (a)	Date of filing/registration in Florida Fiducial Jade INC	4.	Document number
3. (a)	Registered Agent and Registered Office shown on the records o	the Florida Dept of Sta	te.
	Registered Office Address (MUST BE FLORIDA STREET Office 701	ADDRESS)	2
	Miami , F	33132	2019 KAY
(b)	Benjamin Gene		- · N .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	& .
	4301 N Federal Highway		7 3 L
	NEW Registered Office Address:		
	Suite 2		17
	Pompano Beach	33132	_
the cha agent w was/we the arti Signal I herel provision the obli to mere notifica	mited liability company is not organized under the lange or changes are made, the Florida street address or fill be identical. Or, in the case of the form of the intendity of t	the registered office bility company, it of the limited liability confirmed liability confirmed to act in this capperformance of my of for in Chapter 60 hereby confirm that	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signle pactry. I further agree to comply with the duties, and I am familiar with and accept 5. F. S. Or. if this document is being filed the limited liability company has been
		EE: \$25.00	50000 to 40 0000 4 T
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INHS18 (2/14)